



6. Estimate the number of refund gallons you will use each year.

Agricultural Gasoline \_\_\_\_\_ gallons

Special Fuels (diesel) \_\_\_\_\_ gallons

7. List below each storage tank (portable or stationary) and its location you maintain for special fuels or gasoline to be used in all vehicles or equipment.

Type Fuel (gasoline, special fuels)	Tank Size (in gallons)	Tank Location (street or road, city, county, state)	Highway Use or Nonhighway Use

8. Are all of the refund storage tanks clearly marked "Refund Motor Fuel" or "Off Road Fuel" as required by law?

Yes  No **NOTE: Portable tanks must also be clearly marked.**

9. List the name and address of the licensed distributor (wholesale supplier) who is or will be delivering your refund motor fuel.

\_\_\_\_\_  
\_\_\_\_\_

10. List below any Kentucky tax account numbers you are assigned for the following type taxes:

Corporation Income Tax \_\_\_\_\_ Withholding Tax \_\_\_\_\_

Sales and Use Tax \_\_\_\_\_ Unemployment Insurance \_\_\_\_\_

Coal Severance Tax \_\_\_\_\_ Kentucky Highway Users (KYU) \_\_\_\_\_

11. a. Did you file a Kentucky income tax return for the immediately preceding calendar or fiscal year?  Yes  No

b. If the answer to line 11a is no, explain \_\_\_\_\_

\_\_\_\_\_

c. If the answer to line 11a is yes, was the return filed under the same name and Social Security (or federal employer identification) number listed on the reverse side of this application?  Yes  No

d. If the answer to line 11c is no, explain and provide the name and number under which the return was filed. \_\_\_\_\_

\_\_\_\_\_

**(NOTE: Information on lines 11a through 11d will be compared to income tax records maintained by the Department of Revenue.)**

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief and that the Department of Revenue will be notified within 10 days of any and all changes to the information provided herein. I understand that failure to notify the department of such changes may result in cancellation of the permit for which this application is filed. I further acknowledge my understanding that the submission of any false information on this application or any highway use of refund fuel will subject me to civil and criminal penalties as provided by law.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

Mail completed application to Kentucky Department of Revenue, Motor Fuels Tax Compliance Section, Station 63, P.O. Box 1303, Frankfort, Kentucky 40602-1303, phone (502) 564-3853, fax (502) 564-2906.