



Application for Fuel Tax Refund
Mass Transit System Users

DR-160
R. 01/13

Rule 12B-5.150
Florida Administrative Code
Effective 01/13

For the Quarter Ending

Check here if amending

Mail To:
Florida Department of Revenue
Refunds
P.O. Box 6490
Tallahassee FL 32314-6490
For Help Call: 850-617-8585

Permit #:
FEIN:
Business Partner #:
Mass transit contract effective dates:
From: to:

Part I - Gasoline, Gasohol and Undyed Diesel Fuel

Table with 2 columns: Column A (Gasoline/Gasohol) and Column B (Undyed Diesel). Rows include: 1. Beginning inventory, 2. Gallons purchased, 3. Closing inventory, 4. Total consumption, 5. Gallons not eligible for refund, 6. Gallons claimed for refund, 7. Refund.

See item nine on reverse page if any of the gallons claimed on Line 6 were purchased during the previous calendar year.

Part II - Local Option Tax and State Comprehensive Enhanced Transportation System (SCETS) Tax

This section to be used by those mass transit systems located in counties levying the local option tax as provided in s. 336.025, Florida Statutes (F.S.), and the SCETS tax imposed according to s. 206.41(1)(f) or 206.87(1)(d), F.S. Current local option and SCETS tax rates are available through our Internet site at www.myflorida.com/dor.

- 1. Total gallons purchased and used subject to refund
2. Rate of tax levied: (A) Gasoline/Gasohol Cent(s), (B) Undyed Diesel Fuel Cent(s)
3. Amount of tax claimed for refund (Lines 6A X 2A + Lines 6B X 2B)

Computed Refund (Add Part I, Lines 7A and 7B and Part II, Line 3)
Less refund processing fee
Net Refund Due (No refund issued under \$5.00)

Under penalty of perjury, I declare that I have read this application and the facts stated in it are true.

Signature of Applicant

Contact Person

Print/Type Applicant Name

Contact Telephone Number

Date

Contact Email address





**Important Information Concerning Application For Fuel Tax Refund  
Mass Transit System Users**

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*A Power of Attorney, Florida Department of Revenue Form DR-835,  
must be properly executed and included if this application is prepared by your representative.*

1. Permit holders are entitled to a refund of:
  - A. The fuel sales tax levied under s. 206.41(1)(g) and s. 206.87(1)(e) of Chapter 206, F.S., on Gasoline, Gasohol and Undyed Diesel Fuel.
  - B. The total amount of the local option tax levied in applicable counties according to s. 336.025, F.S., and the SCETS tax imposed according to s. 206.41(1) (f) or 206.87(1) (d), F.S..
  - C. The applicable tax rates are entered by the Department and are published annually in Taxpayer Information Publications on the Department's website at [www.myflorida.com/dor](http://www.myflorida.com/dor).
2. Applications are to be used only for the quarter indicated on the face of this application. Only original refund applications are acceptable. Application forms may be requested from the Department of Revenue, Refunds.
3. Refund permits are renewed on an annual basis only if the permit holder files quarterly claims during the year.
4. Applications must be filed quarterly, no later than the last day of the month immediately following the quarter. The filing date may be extended one additional month only if a justified, written excuse is submitted with the claim and only if the prior quarter's claim was filed on time.

- E. Type of motor fuel you purchased using the product types listed at the top of the schedules.
- D. Sales invoice number.
- E. Date that you took possession of the motor fuel from the supplier (must be within this calendar quarter).
- F. County in which you took possession of the motor fuel from the supplier.
- G. Total price you paid for the motor fuel purchased.
- H. Number of gallons of motor fuel you purchased.
6. In the event of overpayment of any refund the Department of Revenue will refuse to make further refunds and advise the payee of the amount to be reimbursed.
7. A fee of \$2.00 will be deducted from each claim.
8. Provide Mass Transit effective dates (failure to provide information may deem your application incomplete).
9. Gallons that you purchased during the previous year and consumed during the current quarter will not be eligible for the full refundable rate for the current year. Instead, these gallons should be multiplied by last year's rate. This adjustment will compensate for any inventory that was assessed at last year's rate and carried forward to the current calendar year. Prior year rate adjustment also applies to Part II.

<b>Purchases Made During</b>	<b>Claims Must Be Filed By *</b>	<b>With A Written Excuse - No Later Than</b>
January, February, and March	April 30	May 31
April, May, and June	July 31	August 31
July, August, and September	October 31	November 30
October, November, and December	January 31	February 28

\*Amended application for prior quarter must be received by current quarter's deadline. Example: You must submit an amended March quarterly application by July 31.

5. All applications for refund must contain sufficient information and documentation for the Department to determine the amount of the refund claim due. This information and documentation must also be maintained at your place of business. Your request for refund must be supported by documentation to establish that the tax requested to be refund has been paid. If your application does not contain the information and documentation required for the Department to determine the amount of refund due, the Department will issue a written request to you for the additional information or documentation required to determine the amount of refund due. The written request will be issued within 30 days of receipt of your application.

The Schedule of Purchases (Page 3), detailing the information listed below, may be submitted instead of original invoices. Include only one product type listed at the top of the Schedule of Purchases. Separate schedules must be used for each product type. However, first time filers of this form must submit tax paid invoices with their initial refund request.

- A. Name and address of supplier that you purchased motor fuel from.
- B. Department of Environmental Protection storage tank facility identification number of the tank where the motor fuel was stored prior to purchase or the federal employee identification number of the seller.

**Line-by-Line Instructions For Parts I and II**

**Part I – Purchases of Gasoline, Gasohol and Undyed Diesel Fuel.**

- Line 1. Beginning Inventory – Must be the same as your closing inventory from prior quarter. If the prior quarter's claim was not filed, enter zero.
- Line 2. Gallons Purchased – This represents fuel you purchased during the calendar quarter. These purchases must be supported by the Schedule of Purchases (Page 3).
- Line 3. Closing Inventory – Actual physical inventory as of the last day of the quarter printed on Page 1. This will be your beginning inventory for the next quarter. If no refund is due but a closing inventory exists, the claim form must be filed.
- Line 4. Total consumption – Line 1 plus Line 2 minus Line 3.
- Line 5. This line represents fuel purchased which as used in any over-the-road charter service, or fuel used in non-mass-transit vehicles.
- Line 6. This line represents fuel purchased and used for any system of mass public transportation authorized to operate within any city, town, municipality, county, or transit authority region in this state.

**Part II – Local Option Tax.**

- Line 1. This line represents gallons of fuel purchased and used upon which the local option tax was levied. This tax rate must be separately stated on the invoice.
- Line 2. The rate of the local option tax levied according to s. 336.025, F.S., and the SCETS tax imposed according to s. 206.41(1)(f) or 206.87(1)(d), F.S.

**Florida Department of Revenue  
Refund Application Schedule of Purchases  
for Tax Paid Purchases Only**

**INVOICES ARE NOT REQUIRED WITH SCHEDULE**

Product Type Codes:
065 - Gasoline
124 - Gasohol
167 - Low Sulfur Diesel/Undyed/Blended Biodiesel
B00 - Undyed/Unblended Biodiesel

**Do not include non-tax paid dyed diesel fuel purchased.**

Company Name		License Number	Quarter Ending					
Supplier Name	Supplier Address	DEP Storage Tank Facility ID Number or FEIN of Seller	Product Type Codes	Invoice Number	Purchase Dates (Must Be Within This Calendar Quarter)	County Where Fuel Was Delivered	Total Price Paid For Fuel Including Taxes and Fees	Number of Gallons
<b>Total Gallons Purchased</b>								

- General Instructions**
1. When completing the form, type or print clearly in blue or black ink.
  2. "Product Type" must be specified using the product type codes listed above. Separate schedules must be used for each product type. **Do not include non-tax-paid dyed diesel fuel purchased.**
  3. Make additional copies of schedule for each product type.
  4. Attach this schedule to the application for refund.