

Department of Transportation  
Fuel Tax Administration  
5300 Bishop Blvd.  
Cheyenne, WY 82009-3340



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[http://www.dot.state.wy.us/home/business\\_with\\_wydot/fuel\\_tax/off\\_road\\_refund.html](http://www.dot.state.wy.us/home/business_with_wydot/fuel_tax/off_road_refund.html)

**REEFER FUEL TAX REFUND REQUEST**  
**UNDYED DIESEL FUEL ONLY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_ Phone No: \_\_\_\_\_

Quarter & Year Claimed: \_\_\_\_\_ Gallons Claimed: \_\_\_\_\_

**PLEASE NOTE:** The department shall not deduct the state sales and use tax imposed by the provisions of W.S. 39-15-101 through 39-16-111 from the refund to any person who possesses a valid sales or use tax license under W.S. 39-15-106 or 39-16-106, or if the person is exempt from paying sales tax under W.S. 39-15-105 through 39-16-105. Pursuant to W.S. 39-17-209(c)(v)(C): A copy of the most recent sales or use tax report or proof that the person is exempt sales or use taxes shall accompany the claim for refund. All fuel is subject to the \$.01 Additional License Tax. [W.S. 39-17-204 (a)(ii)].

**REQUIRED RECEIPT INFORMATION: (Documents must be receipts or invoices; in-house logs or computer printouts will be disallowed; card lock or key lock printouts from the VENDOR are acceptable):**

- (1) Receipt number
- (2) Date of sale--must be within the refund request period you are filing
- (3) Name of vendor including address--must be purchased in Wyoming
- (4) Name and address of the purchaser--**cannot** be "cash" or the driver's name
- (5) Number of gallons purchased
- (6) Price per gallon and total cost of the fuel
- (7) Type of the fuel purchased--**undyed diesel** only
- (8) Vehicle number--an assigned Unit Number or license plate
- (9) Receipts must specify in print if fuel is for reefer/off-road usage

**CALCULATION PROCEDURE FOR REFUND: RECEIPTS MUST BE SORTED BY COUNTY!**

1. All refund requests must be submitted with receipts totaled with an adding machine tape attached to multiple receipts showing the total gallons purchased by county.
2. Enter grand total of all counties as the number of gallons claimed above.

**By my signature, I attest that I have read and understood this refund request, and I attest to the validity of the gallons claimed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**RECEIPTS ARE INVALID IF NOT SUBMITTED TO THE DEPARTMENT WITHIN ONE (1) YEAR FOLLOWING THE DATE OF PURCHASE [W.S. 39-17-209 (c)(v)(C)].**