

AVIATION FUEL TAX CLAIM FOR REFUND BY NONLICENSED RETAILER

OFFICE OF STATE TAX COMMISSIONER SFN 22959 (3-2022)

2022

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For Period	From	Thro	ough
	Mon	th	Month
Name of Retailer			Federal Identification Number
Address			Telephone Number
City	State	ZIP Code	Email
retailer to a supplier or distributor, and claim for refund may be filed at the fo	d non-taxed sales are r llowing times: ne 30, 2023 of the year was purchased when t	made to a Federal and following the year the refundable taxes	
Claimant's Declaration of Eligi The claimant is a retailer and does not The North Dakota aviation fuel taxes to The claimant has paid the North Dako	t have a valid aviation to billed to a Federal Agen	ncy were not paid b	
Verification of Eligibility:			
The claimant must provide detailed prindividual invoices or a certified listing			ts with each claim. The proof may be in the form of
The retailer's name and address (ci The name of the Federal agency by The date the fuel was purchased. The type of product purchased. The number of gallons purchased.	. ,	ırchased.	

	Refund Calculations ORIGINAL INVOICES OR A CERTIFIED HISTORY MUST BE ATTACHED	Round Gallons To Nearest Gallon		
1.	Gallons jet fuel sold to U.S. Government on which the \$.08 per gallon tax was paid to a distributor or supplier		Ø	
2.	Gallons aviation gasoline sold to U.S. Government on which the \$.08 per gallon tax was paid to a distributor or supplier		ø	
3.	Total gallons aviation fuel sold to U.S. Government (Line 1 plus Line 2)		ø	
4.	Compute tax refund of \$.08 times Line 3	 		

If You Need Assistance:

If there are questions concerning the claim, please contact the Motor Fuel Tax Section at 701-328-2702.

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this claim, including any accompanying documents, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature of authorized official (required)	Date	Official's Telephone Number
Signature of preparer other than authorized official	Date	

PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15, 57-43.1-04, and 57-43.3-03, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Mail to: Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127 Bismarck, North Dakota 58505-0599