

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



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

**UNDYED DIESEL AND UNDYED BIODIESEL FUEL TAX REFUND REQUEST**  
(Fuel used in **auxiliary equipment**, in **non-licensed vehicles**, and as **home heating fuel**)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Purpose of Fuel Usage and Equipment Used: \_\_\_\_\_

The tax on undyed diesel fuel used on privately constructed/maintained roads, in auxiliary equipment, or used as heating fuel is subject to refund. **PLEASE NOTE:** The department shall not deduct the state sales or 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 from the refund to any person who is exempt from paying sales tax under W.S. 39-15-105 or 39-16-105. A copy of the most recent sales or use tax report or proof that the person is exempt from 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)]. **REFUND REQUESTS OF LESS THAN \$10.00 WILL BE PROCESSED ONLY ONCE IN EACH CALENDAR YEAR.**

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

- (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 or delivered into Wyoming
- (4) Name and address of the purchaser -- **cannot** be "cash" or the driver's name
- (5) Number of gallons purchased and type of fuel purchased
- (6) Price per gallon and total cost of fuel

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

1. All refund requests must be submitted with receipts totaled by **county location** with an adding machine tape attached to multiple receipts showing the total gallons purchased per county. **Requests submitted with receipts not sorted by county will be rejected.**
2. Of the total gallons purchased as indicated on the calculator tape, specify the number of gallons used off road.
3. Enter grand total of all counties as the number of gallons claimed off road 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)]. ONCE THE MONTH OR QUARTER IS REFUNDED, AMENDED OR SUPPLEMENTAL REFUND REQUESTS WILL NOT BE ACCEPTED.**