

Motor Fuel Tax Refund Request Form (MC45-G)

PART-1 IDENTIFYING INFORMATION:					
	/ /	/	/		
Nevada Account Number	Period Beginning	Period E	Ending		
Account Name	Federa	Federal Employer Identification Number (FEIN)			
Business Mailing Address City		State	Zip		
Location of Records Address (if different from above)		Email Addre	SS		
Contact Person (Name/Telephone Number)					
Indicate type of fuel claimed for a refund (use a sepa	rate claim form for eac	h fuel type/County):			
Gasoline Gasohol E85 (Complete and attack	h Part 2 Motor Vehicle Fu	<u>əl)</u>			
How was fuel purchased? Bulk (Must complete bulk	fuel information)	irchased at the pump (Must pro	ovide receipts)		
Total Refund Requested:					
Under penalties of perjury, I declare that, as taxpayer or p attached, and to the best of my knowledge and belief, it is t					
Printed Name of Taxpayer	Printed Nar	ne of Preparer if other Than Ta	xpayer		
Signature of Taxpayer	Signature o	f Preparer if other than taxpaye	er		
Title	Title				
Telephone Date	()	Date		
Attachments: Date Date Date Image: Date Image: Date Date Date					
For Department Use Only					
Postmark Date:					
Received by: Date:	Returned for	correction by:	Date:		
Processed by: Date:	Amount of	Refund Processed:	·····		

PART-2 MOTOR VEHICLE FUELS (GASOLINE, GASOHOL, E85 ONLY) Refund is claimed for non-highway use of Gasoline, Gasohol and/or E85 as indicated:					
Mining	Contracting	Well Drilling	Railroads	Other Specify	
INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED	INVOICE NUMBER	INVOICE DATE	NUMBER OF GALLONS PURCHASED

GASOLINE/GASOHOL/E85 ONLY	.2646 – .3136 Cents (State/County)	1 Cent Tax	Total Refund Claim	Enter County in
Total gallons purchased				which the fuel was
Less gallons for highway use				taxed (purchased):
Total gallons claimed for refund				taxea (parenaeea).
Rate of refund (from matrix)		.0098		
Motor Vehicle Fuel Refund Amount				

NOTE: Submit a separate claim for each county where fuel was purchased and you are claiming a refund of the tax paid. All gallons must be rounded to the nearest whole gallon.

IMPORTANT NOTICE: Please review the following table as various county rates may have changed.

EFFECTIVE RATES Motor Fuel Rate Matrix

	Current Tax Rates as of
County	2/1/2016
01 Carson City	.3136
02 Churchill	.3136
03 Clark	.3136
04 Douglas	.3136
05 Elko	.3136
06 Esmeralda	.2646
07 Eureka	.2646
08 Humboldt	.3136
09 Lander	.3136
10 Lincoln	.2646
11 Lyon	.3136
12 Mineral	.3136
13 Nye	.3136
14 Pershing	.3136
15 Storey	.2646
16 Washoe	.3136
17 White Pine	.3136

Description of equipment, make, unit number	Purpose for which used	License Plate #	Equipment Type: (i.e., Generator, Lawn Mower, Farm Equipment, Etc.)

Attachment B - Bulk Fuel – **Must** be completed if bulk fuel is maintained.

Brief description of business operations: ______

Number of Bulk Fuel Tank(s) Capacity of each tank
(Please attach a bulk tank inventory sheet to correspond with this claim for each bulk tank)
Physical location of bulk fuel tank(s)
Are Tank(s) Metered? Yes* No *If yes, are they located above ground? Yes No
Are bulk tank and fuel truck tank logs maintained with the number of gallons specified by equipment
number? 🗌 Yes 🗌 No
Are bulk tank inventories reconciled? Yes* No *If yes, Daily Monthly Quarterly
Are odometer readings recorded for highway use vehicles? 🔲 Yes* 🗌 No
*If yes, 🗌 Daily 🔲 Monthly 🔲 Quarterly
Please list the suppliers from whom you purchase fuel

Bulk Fuel Inventory – Please report in total Gallons by tank and fuel type.

Tank 1 – List Fuel Type	 Tank 2 – List Fuel Type	
Beginning Inventory Total Purchases + Ending Inventory - Gain/Loss - Gallons Dispensed =	Beginning Inventory Total Purchases + Ending Inventory - Gain/Loss - Gallons Dispensed =	
Tank 3 – List Fuel Type	 Tank 4 – List Fuel Type	
Beginning Inventory Total Purchases + Ending Inventory - Gain/Loss - Gallons Dispensed =	 Beginning Inventory Total Purchases + Ending Inventory - Gain/Loss - Gallons Dispensed =	
Total Bulk Gasoline Dispe Total Bulk Gasohol Disper		

Total Bulk E-85 Dispensed