



MONTANA DEPARTMENT OF TRANSPORTATION

Refrigerator Fuel Refund Application

Refund of Montana Diesel Tax

PO BOX 5895

HELENA MT 59604-5895

Phone: (406) 444-7664 Fax: (406) 444-5411 TTY: (406) 444-7696

www.mdt.mt.gov

This form may be filed electronically by e-mail to mdpreferrefunds@mt.gov

Please read Important Refund Information on Page 2.

Form with fields: Time Period for Refund, Applicant's Name, SSN or Tax ID #, Occupation, Mailing Address, Phone #, City, State, Zip + 4

Tax Rate: .2775

REQUESTED AMOUNTS

1007 Diesel

Total Refund Request: \$ _____

Original Signature required for processing application *

If filing your application for refund electronically (via e-mail), please certify the following statement by checking this box. I/we hereby declare and represent that the above and foregoing is a true and correct statement showing all Montana tax paid diesel purchased and entirely consumed in a refrigeration (reefer) unit by the applicant; that the invoices included are the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Form with fields: Paid Preparer's Name, Address, Phone, Signature, Date

May the Department of Transportation discuss this return with the preparer above? Yes No

Applicant's Signature: _____ Date: _____

*A claim for a refund that is filed electronically does not require a signature or the original invoices.

FOR OFFICE USE ONLY

Form with fields: File Location, Entered, Processed, Pre-Approved, Approved, Postmark Date

