



Montana Department of Transportation

Heating Fuel Refund of Montana Diesel Tax Application

PO Box 8019
Helena, MT 59604-8019
Phone: (406) 444-6030
Fax (406) 444-5411
TTY: (406) 444-7696
mdtfuelrefund@mt.gov
www.mdt.mt.gov

Time period for Refund: To:

Applicant Information:

- ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ C Corporation ☐ S Corporation ☐ Trust/Estate
☐ Single-Member LLC ☐ Partnership LLC ☐ C Corporation LLC ☐ S Corporation LLC

Name and Tax ID # or SSN as shown on front page of your income tax return.

Name (Last, First, MI) or Trade Name:

SSN:

-OR-

Fed ID#:

Mailing Address:

Phone Number:

City:

State: Zip + 4:

Requested Amounts

Heating Fuel Only

Purchase Dates	Total Gallons from Page 2	Tax Rate	Total Refund Gallons X Rate
Prior To 7/1/22			
7/1/22 to Present			
Total Refund			

Preparer's Information

Preparer's Name

Preparer Address

Phone

Preparer Signature

Date

☐

Check the box if you do not want the Department of Transportation to discuss this return with the preparer above.

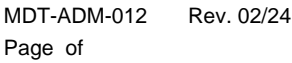
I/We hereby declare and represent that the above and foregoing is a true and correct statement showing diesel and/or gasoline purchased and entirely consumed by the applicant; that the invoices included are the original purchase invoices received at the time of purchase and delivery; that said claim against the State of Montana is just and wholly unpaid.

Applicant Signature

Date

FOR OFFICE USE ONLY

File Location: _____ Date Entered into MFTR: _____ Postmark Date: _____



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