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File Location:

Montana Department of Transportation
Federal, State, Local Governments and School
Districts 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 mdtfueltaxrefund@mt.gov

				<u>www.mdt.mt.gov</u>
Time period for Refund:	To:			
	Ap	olicant Informatio	on:	
Name (Last, First, MI) or Trade N			ID#:	
Mailing Address:		Pho	one Number:	
City:	State: Zip + 4:			
		equested Amoun		
Note	e: Privately Owned			nds.
		ols & Government	-	
	Total Gallons from Page 2	Refund Amount Per Gallon	Total Refund Amount	
	Holli Fage 2	rei Galloli	Amount	
	Pre	parer's Informati	on	
Preparer's Name			_	
Preparer Address			Phone	
Preparer Signature				
Charlette have from do not we	ant the Deventure of a	f Transportation to d	!	th the manager charge
Check the box if you do not wa	ant the Department o	r Transportation to d	iscuss this return wi	th the preparer above.
I/We hereby declare and represent to				
purchased and entirely consumed be of purchase and delivery; that said of				chase invoices received at the time
,			. , ,	
Applicant Signature			Date	
FOR OFFICE USE ONLY				

Postmark Date:

Date Entered into MFTR:



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Federal, State, Local Governments and School Refund

List Tax Paid Diesel Purchases Only Attach Photocopied Invoices

Date	Dealer	City	State	Invoice #	Gallons purchased prior to 7/1/2022	Gallons purchased on or after 7/1/2022



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Date	Dealer	City	State	Invoice #	Gallons purchased prior to 7/1/2022	Gallons purchased on or after 7/1/2022
Total Tax Paid Diesel Gallons Purchased According To Date:						