



Department of Taxation

P.O. Box 530  
Columbus, OH 43216-0530

Refund account number

MVF81-2  
Rev. 7/19

## Ohio Motor Fuel Tax Refund Claim for School Districts

Refund Period \_\_\_\_\_ to \_\_\_\_\_ (must be filed within 365 days)  
(Date of first invoice) (Date of last invoice)  
(Must be July 1, 2019 or later)

Product Type (Select Only One):  Gasoline  CNG  Diesel (And all other products)  
\*Separate claims must be files for each product type

Name of claimant \_\_\_\_\_

Company ID (FEIN/SSN) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  Update address

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

1. Total gallons of tax-paid motor vehicle fuel purchased during the period (see instructions) ..... \_\_\_\_\_
2. Total gallons of tax-paid motor vehicle fuel sold to others during the period ..... \_\_\_\_\_
3. Total gallons of tax-paid motor vehicle fuel purchased for school district or Educational Service Center operations (line 1 minus line 2) ..... \_\_\_\_\_
4. Total refund requested (line 3 multiplied by tax rate of \_\_\_\_\_ ) (see instructions) ..... \$ \_\_\_\_\_

I declare under penalties of perjury that this claim (including all accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

\_\_\_\_\_  
Name (please print) Signature

\_\_\_\_\_  
Title Date Telephone

### Motor Fuel Refund Instructions:

**Period covered by the claim:** Enter both the beginning and ending dates covered by this claim. This refund claim must be filed within 365 days from the date of fuel purchased.

**Line 1 – Fuel Purchased:** Enter the total number of gallons of tax-paid motor vehicle fuel purchased for school district or Educational Service Center operations during the period covered by this claim. Evidence of fuel purchase, such as invoices, cash receipts, credit card receipts, or any other document that contains the name and address of the sellers, name of the purchaser, date of purchase, type of fuel, the number of gallons purchased and the purchase price, must be submitted with this claim.

**Line 2 – Fuel sold to others:** Enter the total number of gallons of tax-paid motor vehicle fuel (included in line 1) that was sold from bulk storage to others.

**Line 3 – Total refundable gallons purchased:** Line 1 minus line 2.

**Line 4 – Refund:** Enter the amount of this claim, which is line 3 multiplied by the refundable rate per gallon of:  
**Gasoline:** \$0.165 **Diesel/Others:** \$0.25 **CNG:** 2019-n/a, 2020-n/a, 2021-\$0.08, 2022-\$0.18, 2023-\$0.25

**Product Type:** Select the appropriate product type for the fuel on which you are requesting a refund. Only receipts for the specified product type will be accepted and credited towards the refund claim.

**Records:** You must keep complete and accurate records to support your claim for a period of four years.

**Note:** No refund shall be authorized under Ohio Revised Code 5735.142 for any single refund claim of less than 100 gallons.

**Send claim to the Ohio Department of Taxation, Motor Fuel Tax Refund Unit, P.O. Box 530, Columbus, OH 43216-0530. Contact the Motor Fuel Refund Unit at (855) 466-3921 with any questions.**