

GASOLINE TAX REFUND CLAIM
State of California

Send completed forms to:
California State Controller's Office
Tax Administration Section
P.O. Box 942850
Sacramento, CA 94250-5880

For SCO Use Only

Claim No./Received Date

STD. 204 Form on File First-Time Claimant Renewal Claimant Address Change SCO Account No. _____

1. Name of Claimant _____ Federal Tax ID No. / SSN _____
2. Mailing Address _____
Street Address _____ City _____ State _____ Zip _____
3. Location of Operation _____
Street Address _____ City _____ State _____ Zip _____
4. Contact Information _____
Telephone Number - include area code _____ Fax Number - include area code _____ E-mail Address _____
5. Calendar Year _____ Filing Period: (See instructions) From _____ To _____

READ INSTRUCTIONS BEFORE PREPARING CLAIM – Type or Print Clearly

REFUNDABLE GALLONS / AMOUNT CLAIMED

GALLONS

DOLLARS

Refer to www.sco.ca.gov for the current rate, or \$0.06 if Paratransit

(Round to Whole Gallons)

6. FUEL PURCHASED (Enter total from Schedule A)..... _____
(If the inventory method is used, enter the amount from Schedule D, Line 12)
- 7a. REFUNDABLE FUEL (Purchased prior to July 1st)..... _____ x _____ = \$ _____
(If the inventory method is used, enter the amount from Schedule D, Line 10) **(enter gasoline portion only)**
- 7b. REFUNDABLE FUEL (Purchased on or after July 1st)..... _____ x _____ = \$ _____
(If the inventory method is used, enter the amount from Schedule D, Line 10) **(enter gasoline portion only)**
8. NON-REFUNDABLE FUEL (Subtract lines 7a and 7b from line 6) _____
(enter ethanol portion only)
9. REFUND CLAIMED \$ _____

10. Type of Operation:

- Individual Driving on a Military Installation: Personal Vehicle Government Vehicle
- Blended Fuel Producer: Highway Use Gas Station
- Export to other State/Country _____
- Public Transportation/Paratransit: Contract Expires _____
- Vessel: Private Property Beyond 3 Mile Limit: Location Where Vessel Launched _____
- Farm/Ranch: No. of acres _____
- Other: Describe _____ (Attach additional page if needed)

11. Method(s) Used to Determine Refundable Gallons: Specific Percentage Inventory (Schedule D Required)
- Describe _____

CERTIFICATION: Under penalty of perjury, I hereby certify that I have full knowledge of this claim, that the fuel was purchased and taxed in California on the dates and in the amounts shown; that the fuel has been used in the manner indicated; that I am entitled to a refund based upon certain use of the fuel in accordance with California law, especially Part 2, Division 2, of the Revenue and Taxation Code. No refund has been requested for the gallons claimed prior to this date. All supporting documents will be maintained for a period of not less than four (4) years from the date of refund issuance.

Claimant's Signature **X** _____ Title _____ Date _____
(Original Signature Required) (Job Classification)

Claimant's Name _____ Phone (_____) _____
(Please print clearly)

Preparer's Name _____ Title _____ Phone (_____) _____
(If different, please print clearly) (Job Classification)

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County		SCO Date	Date	Desk Audit Exception
Industry		Desk Audit	By Date	
Rates		Sent for Field Audit	To Date	