

**Claimant Name:** \_\_\_\_\_

SCO Account No \_\_\_\_\_

**Calendar Year:** \_\_\_\_\_

**Filing Period:** (See instructions) From \_\_\_\_\_ To \_\_\_\_\_

**Schedule B — Vehicles & Other Types of Equipment Using Gasoline Qualifying for Refund**

To be completed by all claimants. Attach additional schedule(s) if necessary and round to whole gallons.

	EQUIPMENT TYPE	# of VEHICLES/EQUIPMENT	REFUNDABLE FUEL USED	NON-REFUNDABLE FUEL
1	Licensed Autos			
2	Licensed Trucks			
3	Unlicensed Motor Vehicles			
4	Tractors			
	List any other type(s) of equipment below:			
5				
6				
7				
8				
9				
10				
11				
	Total:			

**Schedule C — Farm/Ranch Use — Crops and Related Acreage**

To be completed for all farm/ranch operations. Attach additional schedule(s) if necessary.

Note: If you are double-cropping, please indicate "double-cropping" next to the crop description below.

	Crop	Acres		Crop	Acres
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		
	Total Acres:			Total Acres:	