

Claimant Name: _____

SCO Account No _____

Calendar Year: _____

Filing Period: 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.

	VEHICLE TYPE	# of VEHICLES/ EQUIPMENT	REFUNDABLE GALLONS USED	NON- REFUNDABLE GALLONS
1	Licensed Autos			
2	Licensed Trucks			
3	Unlicensed Motor Vehicles			
4	Tractors			
LIST OTHER TYPE(S) OF EQUIPMENT BELOW (See instructions):				
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:		