

INVOICE SUMMARY
Gasoline Tax Refund Claim (No Diesel)
(This schedule must be attached to Form SCGR-1)
(See Instructions)

Claimant Name: _____

SCO Account No _____

Calendar Year: _____

Filing Period: (See Instructions) From _____ To _____

	Seller's Name	Purchase Location (City/CALIFORNIA)	Purchase Period		Gallons Purchased (Gasoline Only) <small>(Line 6, SCGR-1)</small>
			Date From	Date To	
	<i>Example: ABC Gas Station</i>	<i>Sacramento, CA</i>	<i>January 1, 2016</i>	<i>June 30, 2016</i>	<i>300</i>
	<i>Example: ABC Gas Station</i>	<i>Sacramento, CA</i>	<i>July 1, 2016</i>	<i>December 31, 2016</i>	<i>500</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
	TOTAL - THIS PAGE			TOTAL GALLONS	_____
	TOTAL - ALL PAGES			TOTAL GALLONS	_____

REVENUE AND TAXATION CODE SECTION 8104 AUTHORIZES THE STATE CONTROLLER'S OFFICE TO REQUEST ANY INFORMATION NEEDED TO DETERMINE THE VALIDITY OF THIS CLAIM AND ALSO REQUIRES THE CLAIMANT TO RETAIN ORIGINAL INVOICES AND ALL OTHER SUPPORTING DOCUMENTS CONCERNING THIS CLAIM FOR FOUR (4) YEARS FROM REFUND ISSUANCE.