

STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY DIVISION OF ADMINISTRATION ROAD TOLL BUREAU

33 HAZEN DRIVE, CONCORD, NH 03305 Telephone: (603) 271-2302 x3 TDD Access: Relay NH 1-800-735-2964 WWW.NH.GOV/DIVISIONS/ADMINISTRATION/ROADTOLL

ROAD TOLL REFUND APPLICATION

TOLL PAID ON SPECIAL FUEL ONLY

FOR OFFICIAL USE ONLY:

CLAIM NUMBER				
Class #	Period			
APPROVED	DISALLOWED			
Gals	Gals			
\$	\$			
Ву	Reason			
Date				

	OMPANY NAME OR NAME FEIN (If Applicable)		IFTA License (If Applicable)		
ST	REET OR P.O. BOX ADDRESS	CITY/TOWN		STATE	ZIP CODE
PR	REPARED BY:	EMAIL:		TELEPHONE NUMBER (& ext.)	
TYF	PE OF OPERATION:	WHERE USED: (NH	City/Town)		
	is to certify that the above has purchas sed was subsequently used in accorda on the reverse side ar		ipment using toll	paid special	
Refun	nd Application for the Period of	through		Ye	ar
	MINIMUM	APPLICANT'S CLAIM REFUND IS TEN DOLLAR	S (\$10.00)		
Total gallons Purchased, as per attached invoices:				Gals.	
2. Total gallons Consumed off the ways of the state: (Column 6, line19)				Gals.	
	3. Total Amount of Refund Requested: (Line 2 x \$0.222)				
3. Tot	al Amount of Refund Requested: (Line	e 2 x \$0.222)		\$	
Invoices shall be Evidence	al Amount of Refund Requested: (Line s bearing the Name and Address of the sattached. Each invoice shall have the gal ce of payment: Each invoice must be rect and check number must be supplied.	Supplier and the Name of the lons, price per gallon, type of fu	el, and full date.	r with Eviden	•
Invoices shall be Evidend payment	s bearing the Name and Address of the attached. Each invoice shall have the gal	Supplier and the Name of the lons, price per gallon, type of fuceipted by the supplier as being	el, and full date.	r with Eviden	•
Invoices shall be Evidence payment The spe (i) "Annuyear at le	s bearing the Name and Address of the sattached. Each invoice shall have the gales of payment: Each invoice must be rect and check number must be supplied.	Supplier and the Name of the lons, price per gallon, type of furcipited by the supplier as being und applied for; Per RSA 260:4 the end of the calendar year, these provisions to such person	el, and full date. paid, or if payment 7: or (ii) If, at the closwith respect to fue	r with Evidence Int is made by See of the quarel used during	check, the date of
Invoices shall be Evidence payment The specific "Annu year at learn applied	s bearing the Name and Address of the sattached. Each invoice shall have the gales of payment: Each invoice must be rect and check number must be supplied. cial fuel must actually be used and the refuelly, no later than April 15 following the east \$750 is payable in aggregate under the	Supplier and the Name of the lons, price per gallon, type of furcipited by the supplier as being und applied for; Per RSA 260:4 the end of the calendar year, these provisions to such person	el, and full date. paid, or if payment 7: or (ii) If, at the closwith respect to fue	r with Evidence Int is made by See of the quarel used during	check, the date of
Invoices shall be Evidence payment The specific "Annu year at lean applied Per Safe (e) Any 6	s bearing the Name and Address of the sattached. Each invoice shall have the gales of payment: Each invoice must be rect and check number must be supplied. cial fuel must actually be used and the refuelly, no later than April 15 following the east \$750 is payable in aggregate under the cation may be filed under this subparagraph.	Supplier and the Name of the lons, price per gallon, type of furciented by the supplier as being und applied for; Per RSA 260:4 the end of the calendar year, these provisions to such person on no later than the close of the the name of purchaser, supplier	el, and full date. paid, or if paymer 7: or (ii) If, at the clos with respect to fue subsequent quarter, type of fuel, date	r with Evidence ont is made by see of the quarel used during er."	check, the date of ter of the calendar the calendar year,
Invoices shall be Evidence payment The specific "Annu year at lean applied Per Safe (e) Any 6	s bearing the Name and Address of the sattached. Each invoice shall have the gall of the sattached. Each invoice shall have the gall of the sattached. Each invoice must be received and check number must be supplied. In cial fuel must actually be used and the refuelly, no later than April 15 following the east \$750 is payable in aggregate under the cation may be filed under this subparagraph. C 310.01 Refunds – General.	Supplier and the Name of the lons, price per gallon, type of furciented by the supplier as being und applied for; Per RSA 260:4 the end of the calendar year, these provisions to such person on no later than the close of the the name of purchaser, supplier	el, and full date. paid, or if paymer 7: or (ii) If, at the clos with respect to fue subsequent quarter, type of fuel, date	r with Evidence ont is made by see of the quarel used during er."	check, the date of ter of the calendar the calendar year,

This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
**TYPE OF EQUIPMENT	MAKE	YEAR	REG # (PLATE#) OR SERIAL # (REQUIRED)	Gallons USED On Highway	GALLONS USED OFF HIGHWAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
** TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC		17 NON IFTA TOTALS			
⊳⊳⊳PLEASE NOTE⊲⊲⊲		18 IFTA TOTALS			
1	AN EQUIPMENT LIST WITH BREAKDOWN MAY BE		19 TOTAL IFTA & NON IFTA - OFF HIGHWAY		
ATTACHED BUT LINES 17 THOUGH 20 AND THE STOCK RECORD MUST BE COMPLETED.		20 TOTAL OF COLUMNS 5 and 6, Lines 17 and 18			
STOCK RECORD IN	ACCORD MICST BE COMM ELTED!		⊳Line 20 must equal line 6 of stock record⊲		cord⊲

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS	
1. ACTUAL INVENTORY FIRST DAY OF PERIOD		
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)		
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)		
4. GALLONS USED: NON IFTA LICENSED EQUIPMENT		
A. ON HIGHWAY USAGE (column 5, line 17)		
B. OFF HIGHWAY USAGE (column 6, line 17)		
5. IFTA GALLONS USED:		
NH TAX PAID GALLONS FROM IFTA RETURN		
6. TOTAL LINES 4A, 4B, and 5		
7. TOTAL GALLONS SOLD		
8. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINE 6 AND 7)		
9. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)		
10. STOCK RECORD -LOSS OR (GAIN) (DIFFERENCE LINES 8 MINUS 9)		
11. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINES 6,7,9, & 10 MUST EQUAL LINE 3)		
APPLICANTS MAKING PURCHASES IN CANS (2, 5, or 10 Gallon) OR BY DIRECT RECEIPT INTO VEHICLE FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD.		