



**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/SAFETY/DIVISIONS/ADMINISTRATION/
ROADTOLL/

**ROAD TOLL REFUND APPLICATION
RETAIL DEALER**

FOR OFFICIAL USE ONLY:			Period:
APPROVED	By	Date	Claim Numbers:
Class # 31	Gals	\$	
Class # 32	Gals	\$	
DISALLOWED	Gals	\$	
Reason(s)			

Business Name *: _____		FEIN: _____	
Check Mailing Address - Street or P.O. Box: _____			
City or Town: _____		State _____	Zip Code _____ Telephone No: _____
Trade or Station Name (d/b/a): _____			
Retail Station Address: _____			
City or Town: _____		New Hampshire: _____	Zip Code _____ Telephone No: _____

***PER Saf-C 310.05 Retail Dealer Refunds.**

(b) Pursuant to RSA 260:48, a retail dealer shall be a separate legal entity from a licensed distributor, as defined in RSA 259:21.

(c) For the purposes of this section, a trade name or a d/b/a shall not constitute a separate legal entity.

(f) A retail dealer requesting a refund shall submit to the administration, every 6 months, proof that it is owned by a separate legal entity from the supplying distributor, and that it is in good standing with the secretary of state.

Fuel Purchased During The Period Of _____ through _____ year _____

**NOTE: SUCH APPLICATION SHALL BE FILED AND POSTMARKED WITHIN 90 DAYS
AFTER EACH SIX MONTH PERIOD ENDING JUNE 30 AND DECEMBER 31 RESPECTIVELY.**

APPLICANT'S CLAIM

GASOLINE

TAX PAID DIESEL

1. Gross Purchases, per statement:	Gallons	Gallons
2. Road Toll (rate per gallon)	x .222	x .222
3. Road Toll Paid:	\$	\$
4. Refund Rate (3/4 of 1% of Road Toll paid)	x .0075	x .0075
5. Amount of Refund:	\$	\$

MINIMUM REFUND IS TEN DOLLARS (\$10.00)

PRINT NAME:	DATE:
SIGNATURE:	TITLE:

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

CLAIM FORM ON THE REVERSE SIDE MUST BE COMPLETED BY THE APPLICANT)

STATEMENT OF MOTOR FUEL SALES TO NEW HAMPSHIRE RETAIL DEALERS

This statement is prepared for and furnished to New Hampshire Retail Dealers to substantiate Road Toll Refund claims as authorized under RSA 260:48

RSA 259:89 Retail Dealer.

"Retail dealer," for purposes of the provisions of this title relative to road tolls, shall mean any person or persons other than a licensed distributor who engages primarily in the business of selling or distributing motor fuel within this state at the retail level; provided further that retail dealer shall not include any person or persons who receive motor fuel upon which the road toll has been paid by a licensed distributor for storage or subsequent distribution at the wholesale level or solely for storage and consumption by such person or persons.

Name of Licensed Distributor _____ Telephone No. _____

Address: _____
Street City/Town State Zip Code

Name of Retail Dealer: _____

Retail Station Address: _____
Street City/Town State Zip Code

THE UNDERSIGNED STATES THAT THE FOLLOWING MOTOR FUEL GALLONAGE WAS SOLD TO THE ABOVE (RETAIL DEALER) FOR THE PERIOD INDICATED.

From _____ through _____ year _____

SUMMARY OF GALLONS

GASOLINE	gallons
TAX PAID DIESEL	gallons

Please attach RT115 R in support of Gasoline and Tax Paid Diesel gallons

Printed Name: _____

Signature _____ Title _____ Date: _____

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

For _____
(Licensed Distributor)