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

FOR OFFICIAL USE ONLY:

CLAIM NUMBER	
Class #	Period
APPROVED	**DISALLOWED**
Gals	Gals
$	$
By	Reason
Date	

ROAD TOLL REFUND APPLICATION

GASOLINE ONLY

COMPANY NAME OR NAME | FEIN (If Applicable) | IFTA License (If Applicable)

STREET OR P.O. BOX | CITY/TOWN | STATE | ZIP CODE

PREPARED BY: | TELEPHONE NUMBER (&ext)

This is to certify that the above has purchased gasoline upon which the road toll has been paid and the gasoline purchased was subsequently used in accordance with RSA 260:47. All equipment using toll paid gasoline must be listed on the reverse side and total gasoline consumed must be accounted for.

Refund Application for the Period of _____ through _____ Year _____

APPLICANT'S CLAIM
MINIMUM REFUND IS TEN DOLLARS ($10.00)

1. 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)	$

Invoices bearing the **Name and Address of the Supplier** and the **Name of the Applicant** together with **Evidence of Payment** shall be attached. Each invoice shall have the gallons, price per gallon, type of fuel, and full date.

Evidence of payment: Each invoice must be receipted by the supplier as being paid, or if payment is made by check, the date of payment and check number must be supplied.

The gasoline must actually be used and the refund applied for; **Per RSA 260:47**:

(i) "**Annually, no later than April 15 following the end of the calendar year**, or (ii) If, at the close of the quarter of the calendar year at least $750 is payable in aggregate under these provisions to such person with respect to fuel used during the calendar year, an application may be filed under this subparagraph no later than the close of the subsequent quarter."

Per Saf-C 310.01 Refunds – General.

(e) Any evidence of erasures or other changes in the name of purchaser, supplier, type of fuel, date or the amounts shown on the invoices shall cause the portion of the requested refund which is dependent upon the documentation to be denied.

PRINT NAME:	**DATE:**
SIGNATURE:	**TITLE:**

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 ▷▷▷PLEASE NOTE◁◁◁ AN EQUIPMENT LIST WITH BREAKDOWN MAY BE ATTACHED BUT LINES 17 THOUGH 20 AND THE STOCK RECORD MUST BE COMPLETED.			17 NON IFTA TOTALS		
			18 IFTA TOTALS		
			19 TOTAL IFTA & NON IFTA – OFF HIGHWAY		
			20 TOTAL OF COLUMNS 5 and 6, Lines 17 and 18		
			▷Line 20 must equal line 6 of stock record◁		

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. GALLONS USED: **IFTA** LICENSED VEHICLES	
A. ON HIGHWAY USAGE (column 5, line 18)	
B. OFF HIGHWAY USAGE (column 6, line 18)	
6. TOTAL LINES 4A and B, 5A and B	
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.	