



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:			Period:
APPROVED	By	Date	Claim Numbers:
Class # 4	Gals	\$	
Class # 14	Gals	\$	
DISALLOWED	Gals	\$	
Reason(s)			

ROAD TOLL REFUND APPLICATION  
FARM USE ONLY

Farm Location:

NAME OF APPLICANT

CITY/TOWN, NH

STREET or P.O.BOX

CITY/TOWN

STATE

ZIP CODE

TELEPHONE NUMBER

This is to certify that the above has purchased motor fuel upon which the road toll has been paid and subsequently used in motor vehicles owned by the applicant for Farming purposes, in accordance with RSA 260:47.

APPLICANT'S CLAIM	GASOLINE	UNDYED DIESEL
1. Total gallons, as per attached invoices.	Gals	Gals
2. Total gallons consumed <b>On Highway</b> (COL. 5, LINE 17) as calculated on the applicable product schedule.	Gals	Gals
3. Total gallons consumed <b>Farming</b> (COL. 6, LINE 17) as calculated on the applicable product schedule.	Gals	Gals
4. Amount of refund: (Line 3 x \$0.222 )	\$	\$
5. <b>Total Refund Requested</b> (Total of line 4)		\$

TYPE OF FARMING (Check One)

Dairy ☐ Poultry ☐ Custom ☐ Orchard ☐ Truck ☐ General ☐

**Copies of Invoices** bearing the **Name and Address of the Supplier** and the **Name of the Applicant** together with evidence of payment must 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.

**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.

(f) Motor fuel claimed on the refund application shall be the actual amount of motor fuel used by the applicant. Application for a refund shall be submitted:

(1) Annually but no later than April 15 following the end of the calendar year; or

(2) If, at the close of any quarter of the calendar year at least \$750 is payable in the 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, in accordance with RSA 260:47, III(a).

PRINT NAME:	DATE:
SIGNATURE:	TITLE:

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

UNDYED DIESEL USED FOR THE PERIOD OF \_\_\_\_\_ THROUGH \_\_\_\_\_ YR \_\_\_\_\_

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
**TYPE OF EQUIPMENT	MAKE	YEAR	***REG NO*** (IF ANY)	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, STATIONARY MOTORS, ETC			17 Totals		
			18 Transfer to Claim	Line 2 (on front)	Line 3 (on front)
			19 Total Used Col. 5 + 6		
			Must equal Line 4 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. TOTAL GALLONS USED (AS SHOWN ON LINE 19, COLS. 5 & 6)	
5. TOTAL GALLONS SOLD	
6. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINES 4 AND 5)	
7. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
8. STOCK LOSS OR GAIN (DIFFERENCE LINES 6 & 7)	
9. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINE 4, 5, 7, & 8--MUST EQUAL LINE 3)	
APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 Gallon) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE <u>NOT REQUIRED</u> TO COMPLETE STOCK RECORD BUT MUST COMPLETE EQUIPMENT RECORD, COLS. 1 THROUGH 6.	

GASOLINE USED FOR THE PERIOD OF \_\_\_\_\_ THROUGH \_\_\_\_\_ YR \_\_\_\_\_

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
**TYPE OF EQUIPMENT	MAKE	YEAR	REG # OR SERIAL # (IF ANY)	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, STATIONARY MOTORS, ETC			17 Totals		
			18 Transfer to Claim	Line 2 (on front)	Line 3 (on front)
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