



TENNESSEE DEPARTMENT OF REVENUE
Fabricating User Claim for Refund

RV-R0010101 (11/19)

PET
381

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|-----------------------------|--|----------------|----------|--|
| Claim Period | | Account Number | | Check if applicable: <input type="checkbox"/> |
| Industrial Machinery Number | | FEIN/SSN | | |
| Legal Name | | | | Please mail claim to: Tennessee Department of Revenue Andrew Jackson State Office Building 500 Deaderick Street Nashville, Tennessee 37242 |
| Mailing Address | | | | |
| City | | State | ZIP Code | |
| Location Address | | | | |
| City | | State | ZIP Code | |

- Gallons of fuel used for fabricating or processing (from Schedule A)
- Refund amount (Line 1 multiplied by \$0.01)

Schedule A

| Invoice Number | Purchase Date | Supplier | Type of Fuel | Description | Gallons |
|----------------|---------------|----------|--------------|-------------|---------|
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| Total | | | | | |

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Affidavit of Taxpayer

Under the penalties of perjury, I declare that I have examined this claim, and to the best of knowledge and belief, it is true, correct, and complete.

Name _____ Title _____
Signature of Taxpayer, Officer, or Authorized Representative

Print Name _____ Date _____

INSTRUCTIONS: Fabricating User Claim for Refund

A refund of the special privilege tax imposed by Tenn. Code Ann. § 67-3-203 is permitted by Tenn. Code Ann. § 67-3-417 on petroleum products used directly in the fabricating or processing of tangible personal property for resale.

The claim for refund must be filed within thirty (30) days following the month for which the refund is to be made but only one claim can be filed per month. No refund will be allowed for use in space heating, illumination, or the operation of internal combustion engines.

The claim for refund must contain all required information. Complete the information at the top of the claim including claim period, account number, industrial machinery number, FEIN/SSN, legal name, mailing address and location address.

You must sign the claim form and attach all supporting documentation to the claim. Incomplete or improperly completed claims will be returned without action and could result in denial of the claim.

Taxpayer's should mail the refund claim to the address below.

Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, TN 37242

If this is an amended claim, check the appropriate box on the front of this claim.

Form Instructions

Complete Schedule A by listing the invoice number, purchase date, supplier, type of fuel, description and gallons for each bulk or retail fuel purchase. Include copies of invoices with claim.

Line 1: Fabricating. Enter total number of gallons of fuel used in the fabricating or processing of tangible personal property during the claim period.

Line 2: Refund amount. Multiply Line 1 by **\$0.01** and enter amount.