NEBRASKA
Good Life Great Service

## Nebraska Ag Use Motor Fuels Tax Refund Claim

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84	A	G

DEPARTMENT OF REVENUE											
Social Security Number or FEIN				Period Covered by this Claim							
Name and Address of Claimant			Beginning,20 Ending					, 20			
Name				Contact Person	<u> </u>				ne Number		
Street Address				Email Address							
City		State	Zip Code	Mailing Address of Clai	imant ( <b>If Diff</b> e	erent)	City	State	Zip Code		
Description of Operations											
1 Total number of acres	2 Type of	crops	·	3 Number and type of livestock							
Type of Equipment in Which Fuel Was Used											
Equipment (for example, tractor, comb bobcat, loader)	(for example, tractor, combine,		nd Model ohn Deere 7630, aterpillar 428)	Horsepower		Year	Is it Licensed? (Yes or No)	Fuel Used (Gasoline or Diesel?)			
Fuel Purchases, Usage, and Storage Information (Answer completely.)											
Was the fuel purchased at a retail station and placed directly into unlicensed equipment?  NO YES Purchase invoices must indicate which equipment the fuel was placed into.  Was the fuel placed into a bulk storage tank (portable or stationary) upon purchase?  NO YES What is the size and location of the storage tanks?  Are both licensed vehicles and unlicensed equipment fueled from these storage tanks?  NO What controls are used to ensure the fuel is used exclusively for unlicensed equipment?  YES Include withdrawal logs for all use.											
	Refun	d Calculation (	Attach supporti	ng documentation	on - see	instruc	tions.)				
Product				ed Refund Rate An	nount				For Dept. of Revenue Use Only		
Gasoline, Gasohol, or Ethanol* .0 X = \$ .00									Approved		
Undyed Diesel, Undyed Bi Undyed Biodiesel Blends*							\$	Approved			
further declar	e that none	e of this fuel claimed for i	refund was used in a licer	and to the best of my knoonsed motor vehicle. I also dect to audit for a period of	declare that p	ayment of t	this claim has no	ot been			
here Authorized Signa	ture		Phone Number	Signature of Preparer Other Than Taxpayer Phone Number							
Title			Date	Address							
Email Address				Email Addres	SS						
		For Ne	ebraska Departme	ent of Revenue Us	e Only						
Approved		Comme	ents:								
Approved as Adjusted											
Disapproved											
			Authorized Signature	e				Date			

## Instructions

**Caution:** Only federal governmental agencies and buses for hire are eligible for the refund of tax on fuel placed into a licensed motor vehicle. All other users of fuel in **licensed** motor vehicles, regardless of how those vehicles are used, **are not eligible** for a refund of motor fuels tax.

**Note:** All refund claims are subject to audit for three years after the claim is filed.

**Who May File.** Any person requesting a refund of Nebraska motor fuels tax paid on fuel used in unlicensed equipment for farming or ranching purposes may file a Nebraska Ag Use Motor Fuels Tax Refund Claim, Form 84AG. Prior to adjustments, the tax paid on the eligible fuel must be at least \$25. This minimum must be met within a calendar year for each fuel type.

**When to File.** Only one claim per month may be filed by any claimant. You must file your claim within three years from the date of payment of the tax.

**Where to File.** This claim, along with supporting documentation, must be filed with the Nebraska Department of Revenue, PO Box 98904, Lincoln, NE 68509-8904.

**Basis for Claim.** Appropriate documentation must be attached to the Form 84AG. Documentation submitted with the Form 84AG will not be returned.

**Exempt Use of Tax-Paid Undyed Diesel, Gasoline, Gasohol, and Ethanol.** Any person who has purchased and used tax-paid fuel for a qualified exempt purpose may file a claim.

**Required Documentation.** In order to support the claim, the following information must be included:

- A description of your operations must be submitted with the initial claim, and then on an annual basis; include the number of acres farmed, types of crops raised, and the number and type of livestock;
- A list of the type of equipment in which the fuel was used must be submitted with the initial claim, and then on an annual basis; include the make, horsepower, and other mechanical description of the machinery;
- Information regarding the fuel purchase usage and storage;
- Legible copies of fuel purchase invoices indicating the amount of tax paid, the
  date of purchase, fuel type, gallons purchased, and vendor's name. If the fuel
  was placed directly into unlicensed equipment, the equipment fueled must be
  indicated on the invoice; and
- Legible copies of withdrawal logs documenting the date, gallons, and equipment into which the fuel was placed if both licensed vehicles and unlicensed equipment are fueled from the same storage facility (refer to the <a href="Nebraska Motor Fuels Tax">Nebraska Motor Fuels Tax</a> Refunds Information Guide for additional information).

If your documentation exceeds the Form 84AG space limitations, you may attach additional sheets of paper.

## Specific Instructions for Calculating the Refund

Multiply the number of gallons claimed by the refund rate in effect when the fuel was purchased and enter the amount calculated. Round all gallon and dollar amounts from .50 to .99 to the next higher whole number. Round all gallon and dollar amounts less than .50 to the next lower whole number. If gallons are claimed for periods with multiple refund rates, attach a summary of these calculations.

**Refund Rates.** The refund of the tax paid on fuel consumed in a qualified exempt manner is determined at a reduced rate. See the refund rate table for the correct rate.

**Appeal Procedure.** The denial of a claim in its entirety, or in part, is considered a final determination of the Nebraska Department of Revenue (DOR) and may be appealed. The claimant must file an appeal with the District Court of Lancaster County within 30 after the mailing of DOR's final determination in order to contest the determination.

**Signatures.** This claim must be signed by the claimant, partner, member, or corporate officer. If the claimant authorizes another person to sign this claim, a <u>Power of Attorney, Form 33</u>, must be attached. Any person who is paid for preparing a claim must also sign the claim as preparer.