



**Department of
Taxation**

P.O. Box 530
Columbus, OH 43216-0530

MVF-81
Rev. 8/05

Ohio Motor Fuel Tax Refund Claim for School Districts

Period _____ to _____ (must be filed within 365 days)

Permit number _____

Name _____

Address _____

City _____ State _____ ZIP _____

1. Total gallons of tax-paid motor vehicle fuel purchased during the period (see instructions) _____

2. Total gallons of tax-paid motor vehicle fuel sold to others during the period..... _____

3. Total gallons of tax-paid motor vehicle fuel purchased for school district or Educational
Service Center operations (line 1 minus line 2) _____

4. Total refund requested (line 3 multiplied by tax rate _____ – see instructions) \$ _____

I declare under penalties of perjury that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature _____ Title _____

Telephone _____ Date _____

The original claim should be submitted to the Ohio Department of Taxation, Motor Fuel Tax Refund Unit, P.O. Box 530, Columbus, Ohio 43216-0530. Contact the Motor Fuel Tax Refund Unit at (855) 466-3921 with any questions or go to our website (tax.ohio.gov). Claimant must retain a copy of this claim and all pertinent supporting documents.

Instructions

Note: No refund shall be authorized under Ohio Revised Code Section 5735.142 for any single refund claim for less than 100 gallons.

Period covered by the claim: Enter both the beginning and ending dates covered by this claim. The claim must be filed within 365 days from the date of fuel purchase.

Line 1 Fuel purchased: Enter the total number of gallons of tax-paid motor vehicle fuel purchased for school district or Educational Service Center operations during the period covered by this claim. Evidence of fuel purchase, such as fuel invoices, cash receipts, credit card receipts or any other document that contains the name and address of the seller, name of the purchaser, date of purchase, type of fuel,

the number of gallons purchased and the purchase price, must be submitted with this claim.

Line 2 Fuel sold to others: Enter the total number of gallons of tax-paid motor vehicle fuel (included in line 1) that was sold from bulk storage to others.

Line 3 Total refundable gallons purchased: Line 1 minus line 2.

Line 4 Refund: Enter the net amount of this claim, which is line 3 multiplied by the refundable rate per gallon as shown below:

July 1, 2003 to June 30, 2004	\$0.02
July 1, 2004 to June 30, 2005	\$0.04
July 1, 2005 and after	\$0.06