



Municipality of Anchorage, Treasury Division Motor Fuel Tax Claim for Refund

Reset Form	Print Form
IMPORTANT NOTICE	
Send original form to: Municipality of Anchorage Treasury Div., Motor Fuel Tax 632 W. 6th Ave., Suite 330 P.O. Box 196650 Anchorage AK 99519 - 6650	

INSTRUCTIONS: Attach a copy of each listed invoice or other record satisfactory to the department to the appropriate schedule. Attach the schedule to this Claim for Refund. The claimant may request approval from the department to submit a computer or system-generated report as a substitute for the Supporting Schedule. See AMC 12.55.180 for additional instructions.

Send Refund to:

Claimant Name

Mailing Address

City

State

Zip Code

IMPORTANT NOTICES:

AMC 12.55.180.B. states "The application for refund must be made on a form prescribed by the department within ninety (90) days from the end of the month in which the purchase was made for the motor fuel, as indicated on the invoice or receipt."

AMC 12.55.180.C. states "Failure to apply for a refund within the ninety (90) day period is a waiver of the right to the refund. A claim is considered to be filed when it is mailed or personally delivered to the department."

Beginning Date:

Ending Date:

Exempt Fuel Use	Gasoline	Diesel	Other
1. U.S. Government			
2. State of Alaska			
3. Municipality of Anchorage including ML&P, AWWU, Solid Waste, Port and Merrill Field			
4. Other (attach explanation)			
5. Total gallons			
6. Tax refund at \$0.10 per gallon on or before 12/31/2023 or, \$0.12 per gallon on or after 1/1/2023	\$0.00	\$0.00	\$0.00
7. Total refund for all fuel types			\$0.00

I certify under penalty of perjury that this claim for refund including all accompanying schedules and invoices, has been examined by me and to the best of my knowledge and belief it is a true, correct and complete claim for exempt uses of motor fuel in the Municipality during the time period specified above.

The Municipality's acceptance of this claim for refund does not imply that this claim is complete, accurate, or in compliance with Anchorage Municipal Code requirements.

Signature of Preparer:

Printed Name:

Date:

Phone:

E-mail:

Signature of Taxpayer or Officer of Claimant:

Printed Name:

Date:

Phone:

E-mail: