



Must be submitted with initial non-highway motor fuel refund claim  
(Form 4923 and applicable Form 4923S-A or Form 4923S-B).

Claimant Information

Business Name or First Name		MI	Last Name		<input type="checkbox"/> FEIN <input type="checkbox"/> Social Security Number	
Spouse's First Name		MI	Last Name		Spouse's Social Security Number	
Physical Address				Mailing Address		
City or Town		State	ZIP Code		City or Town	
City or Town		State	ZIP Code			
County of Physical Address		Location of Physical Address (Select One)		E-mail Address		
<input type="checkbox"/> Inside City Limits		<input type="checkbox"/> Outside City Limits				
Telephone Number		Alternate Telephone Number		Fax Number		
( ) -		( ) -		( ) -		
Are you exempt from Missouri sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach a copy of your sales or use tax exemption letter or complete a Sales or Use Tax Exemption Certificate (Form 149) and submit it along with this form.)						

Type of Fuel Usage

Select all applicable boxes. Review the instructions on back for assistance.

☐ Agricultural Use - Provide use type: ☐ Farm Use ☐ Non Farm Use  
Non Farm Use includes residential or personal off-road use only (includes residential lawn mowers, ATVs, chain saws, weed eaters, etc.)  
List equipment for which refund is being claimed: \_\_\_\_\_  
Physical location of land in Missouri: \_\_\_\_\_  
County: \_\_\_\_\_ Number of acres owned or leased: \_\_\_\_\_ Number of acres in cultivation: \_\_\_\_\_  
Custom work performed? ☐ Yes ☐ No If yes, type of custom work: \_\_\_\_\_

☐ Aviation Use - Provide use type: ☐ Commercial agricultural use ☐ Business use ☐ Recreational use  
☐ Commercial Use (includes lawn care services, golf courses and construction companies)  
List off-road equipment: \_\_\_\_\_

☐ Heating Use  
☐ Home heating % \_\_\_\_\_ ☐ Business heating % \_\_\_\_\_

☐ Ingredient or Component Part - Describe use: \_\_\_\_\_

☐ Marine Use - List watercraft: \_\_\_\_\_

☐ Motor Fuel Sold To or Purchased By Federal Government  
Retailers list the branch name and address of the government agency to whom sales will be made: \_\_\_\_\_

☐ Motor Fuel Sold To or Purchased By Public Mass Transportation Operator (Effective 8-28-07)  
Retailers list the name and address of the public mass transportation service to whom sales will be made: \_\_\_\_\_

☐ Power Take-Off (PTO) Use  
List type of vehicle operation: \_\_\_\_\_

☐ Reefer Use - Indicate number of reefer units being used: \_\_\_\_\_

☐ Retailer making bulk deliveries to farmers  
☐ Must have Agricultural Gasoline Bulk Sale Exemption Certificate (Form 5084) on file.

☐ Retailer Selling Kerosene  
☐ Barricaded pumps (attach copy of IRS certification) ☐ Non-barricaded pumps in quantities of 21 gallons or less.

☐ Other Usage - Describe use and equipment: \_\_\_\_\_

Bulk Storage  
(Tank Size)

Gasoline — Road use: _____	Gasoline — Off-road use: _____
Clear Diesel: _____	Dyed Diesel: _____
\$.09 Aviation Gasoline: _____	Other — List product: _____
If no bulk storage, explain how fuel is received: _____	

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
Claimant's Signature	Typed or Printed Name
Title, if applicable	Date (MM/DD/YYYY)



# Missouri Motor Fuel Refund Application

**United States. Civil Aeronautics  
Administration**

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## **Missouri Motor Fuel Refund Application:**

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