



### **Fuel Tax Refund Calculation**

Complete this section only if, during the claim period, you are reporting fuel tax paid on clear fuel sold tax-exempt to the federal government, a railway or users outside the province of Alberta, or if you have rebranded fuel, or if you had a loss of clear fuel due to contamination, destruction or theft, or unable to collect for fuel oil sold on credit. Schedule 1, Schedule 2, Schedule 3 and/or the Rebrand Notification form, must be completed, attached and submitted with this claim form as applicable.

#### **Fuel Tax Paid for Exports - Schedule 1 (AT332)**

**FUEL TAX DOLLARS:**

30. Carry-forward the total tax paid amount for each Schedule 1 fuel type:

Clear Gasoline:	\$	<input style="width: 95%;" type="text"/>
Clear Diesel:	\$	<input style="width: 95%;" type="text"/>
Dyed Gasoline:	\$	<input style="width: 95%;" type="text"/>
Dyed Diesel:	\$	<input style="width: 95%;" type="text"/>
Propane:	\$	<input style="width: 95%;" type="text"/>
Aviation Fuel:	\$	<input style="width: 95%;" type="text"/>

#### **Fuel Tax Paid for Other Tax-Exempt Clear Fuel Sales - Schedule 2 (AT333)**

35. Carry-forward the total tax paid amount for each Schedule 2 fuel type:

Clear Gasoline:	\$	<input style="width: 95%;" type="text"/>
Clear Diesel:	\$	<input style="width: 95%;" type="text"/>
Propane:	\$	<input style="width: 95%;" type="text"/>
Aviation Fuel:	\$	<input style="width: 95%;" type="text"/>

#### **Statement of Fuel Tax Losses - Schedule 3 (AT353)**

40. Total Fuel Inventory loss due to contamination, destruction, theft or uncollectable debt  
*(enter the Total Fuel Tax Paid amount from Schedule 3)* \_\_\_\_\_ \$

#### **Rebrands (Product Mix)**

**LITRES**

45. Volume of Rebrand from Rebrand Notification AT376  
*(enter negative litres and dollars in brackets)* \_\_\_\_\_  x \$0.09 = \$

**55. Total Fuel Tax Claim:** *(Total of all dollar amounts)* \_\_\_\_\_ \$

(To reduce processing costs, refunds of less than \$20.00 will normally not be paid.  
 Upon specific request, Tax and Revenue Administration will refund a balance of less than \$20.00)

### **CERTIFICATION**

As an authorized representative of this company, I hereby certify that, to the best of my knowledge and belief, the information contained in this statement is true and correct and that all relevant facts have been revealed.

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(please print)

Telephone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_