

Document Locator Number	

	director must be notified within ten (10) days from the notification by the person having immediate							ust be f	iled within thirty (30)		
Com	pany Name	Telephone Number		License Nu	ense Number Federal Id		entificatio	n Numbe	er Month and Year		
Stree	t Address	()	P.O. Box	City				State	ZIP Code		
Exact Location of Loss	If loss occurred while in transit or at time of unloading, give invoice or manifest number below and attach copy to this claim. If product was returned to terminal attach copy of terminal issued "product return". Cause of Loss										
	Com	plete a separate sch	nedule for e	ach produ	ct type.						
	□ 065 - Gasoline □ 142 - Clear Kerosene □ 224 - Compressed Natural Gas (CNG) □ 123 - Alcohol □ 160 - Clear Diesel Fuel □ 225 - Liquefied Natural Gas (LNG) □ 241 - Ethanol □ 284 - Bio-Diesel – Undyed B100 □ 054 - Propane □ 124 - Gasohol □ 285 - Soy Oil □ 122 - Blending Components (Identify) □ 125 - Aviation Gasoline □ 290 - Bio-Diesel – Dyed B10 □ Other										
Product Type	Date of Manifest (MM/DD/YYYY) Manifest Number Gallons Liste Upon Manifest	-	om Whom Pur mpany, City, a			Product Code	Numl Gallor		Date of Loss (MM/DD/YYYY)		
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									//		
	1. Total Gallons Lost										
	2. Allowance - (3% Gasoline, Gasohol, Alcohol,	Aviation Gas, CNG, P	Propane) (2%	6 Diesel F	uel, Kerosen	e, LNG)					
	3. Gallons Available for Refund or Credit (Line 1 minus Line 2)										
	4. Refund or Credit Amount for Gasoline, Gasohol, Alcohol, Diesel Fuel and Kerosene (Line 3 times the applicable rate)										
	5. Refund or Credit Amount for Aviation Gas (Line 3 times the applicable rate)							00			
	6. Refund or Credit Amount for CNG, LNG and Propane (Line 3 times the applicable tax rate)							00			
	Method or Procedure Followed in Determining Amount of Loss						Check One Credit (licensed suppliers only) Refund				
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.										
Signature	Signature Title										
	Printed Name Date (MM/DD/YYYY) / / / /										
	Embosser or black ink rubber stamp seal Subscribed and sworn before me, this day of						Voor				
ation			ity of St. Louis) My Commission Expires (MM/DD/YYYY)								
Inform	Notary Public Signature							//			
Notary Information		Notary Public Name (Typed or Printed)									
2		Approved by the Department of Revenue Signature									
/a:1 :	to Toyotian Division		-					Fo	orm 4756 (Revised 10-2021)		

Mail to: Taxation Division

P.O. Box 300

Jefferson City, MO 65105-0300

Phone: (573) 751-2611 Fax: (573) 522-1720 TTY: (800) 735-2966

 $\label{thm:constraints} Visit \ \underline{\textbf{dor.mo.gov/taxation/business/tax-types/motor-fuel/}} \ for \ additional \ information.$

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

This form is to be completed when claiming credit or requesting a refund for tax paid on motor fuel lost or destroyed due to a sudden and unexpected casualty or contamination which makes the fuel unsalable as highway fuel.

Suppliers will be issued credit to be used on their monthly tax report. All other claimants will be issued a refund.

This affidavit must be submitted within thirty (30) days following notification of the loss to the department pursuant to **Section 142.815.2(7), RSMo**:

"Motor fuel which was purchased tax paid and which was lost or destroyed as a direct result of a sudden and unexpected casualty or which had been accidentally contaminated so as to be unsalable as highway fuel as shown by proper documentation as required by the director. The exemption pursuant to this subdivision shall be refunded to the person or entity owning the motor fuel at the time of the contamination or loss. Such person shall notify the director in writing of such event and the amount of motor fuel lost or contaminated within ten days from the date of discovery of such loss or contamination, and within thirty days after such notice, shall file an affidavit sworn to by the person having immediate custody of such motor fuel at the time of the loss or contamination, setting forth in full the circumstances and the amount of the loss or contamination and such other information with respect thereto as the director may require".

Enter the name, numbers and information for the claimant. If claimant holds a Missouri supplier, permissive supplier or distributor license, provide license number.

Enter the details for loss.

Line 4: Refund or Credit Amount for Gasoline, Gasohol, Alcohol, Diesel and Kerosene (Line 3 times the applicable rate).

Line 6: Refund or Credit Amount for CNG, LNG and Propane (Line 3 times the applicable tax rate)

Print name and sign the form.

Notarize form.

Motor Fuel Tax Rate Table

Through September 30, 2021		October 1, 2021 - July 1, 2022 - July 1, 2023 - June 30, 2022 June 30, 2023 June 30, 2024		July 1, 2024 - December 31, 2024	January 1, 2025 - June 30, 2025	July 1, 2025				
Motor Fuel Tax Rates										
Motor Fuel*	\$0.17	\$0.195	\$0.22	\$0.245	\$0.27	\$0.27	\$0.295			
CNG/LNG/Propane	\$0.11	\$0.11	\$0.11	\$0.11	\$0.11	\$0.17	\$0.17			
Aviation Gasoline	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09	\$0.09			

^{*} Motor Fuel includes gasoline, diesel fuel, kerosene, and blended fuel pursuant to Section 142.800 RSMo.