

MISSOURI DEPARTMENT OF

REVENUE Motor Fuel Refund Claim (Compressed Natural Gas (CNG), Liquefied Natural Gas (LNG), and Propane Only)

	Business Name/First Name	МІ	Last Name)		FEIN	1			Soci	al Secu	urity Nu	Imbe	r
2	Spouse's First Name	MI	Last Name			🗖 FEII	FEIN Social Security Nu					Imbei	r	
mant							1	1	I	1	I I	I.	I	I
σ	Mailing Address				City			Sta	te			ZIP	Code	
5														
	Email Address			Phone Number			Fax	Numt	ber					
				()	_		()					

The refund claim must be filed within one year of the date of purchase or April 15 following the year of purchase, whichever is later. Form 4924 must be on file with the Department or submitted at the same time as Form 5631, in order to process this claim. Verify proper address above, as refund checks cannot be forwarded.

CN	Gallons Equivalent LNG Gallons Equiv				alent	Propane Gallon Column C	
	Column A	Purposes for which Off-Road fuel is used Column B					Columnic
		1	Agricultural use, fuel used in farm equipment, lawn mower, etc	1			
		2	Commercial or construction use, fuel used in off-road equipment	2			
		3	Reefer use	3			
		4	Marine use	4			
		_	Power Take-Off (PTO) use, fuel used in auxiliary equipment	_			
		5	(Complete Form 588-C, and attach)	5			
b	6 Motor fuel sold to or purchased by federal government		6				
		7	Motor fuel sold to or purchased by public mass transportation operator	7			
		8	Other claims not covered by the above options (attach additional page)	8			
9.	CNG gallons (Total; Column A Lines 1 through 8)				9 10		
10.			I; Column B Lines 1 through 8)				
11.	Propane gallons	Propane gallons (Total; Column C Lines 1 through 8) Fotal gallons (add Lines 9, 10, and 11) Less eligible purchaser allowance gallons Fotal gallons (Line 12 minus Line 13)				11	
						12	
						13	
14.	Total gallons (Lin					14	
	Total tax paid on CNG, LNG, and Propane gallons used for off-road purposes (Line 14 multiplied by the appropriate tax rate)				15	\$	
	•	al amount of refund claimed (Line 15)				16	
		I refund approved					\$
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you would like your refund deposited directly to your checking or savings account complete boxes a b, and c below							

Il you would like your refurit deposited direc	by to your checking of savings account, complete boxes a, b, and c below.	_ c. 🗖 Checkina
a. Routing Number	b. Account Number	
		Savings

review	ed this claim and take full responsibility for	the information thereon that I have made the	is true, complete, and correct. I state that I have prepared or purchases and used the motor fuel as shown above and paid det that he particulate fuel listed has been a will be used						
on pub	the tax on the original invoices, that the invoice dates or extensions have not been changed, and that no portion of such fuel listed has been or will be used on public roads of the state of Missouri, and that I am entitled to the refund amount claimed. Signature								
Signat	ure	Title							
Printed	d Name		Date (MM/DD/YYYY)						
Mail to:	Taxation Division	E-mail: excise@dor.mo.gov	Form 5631 (Revised 04-2022)						
	P.O. Box 800 Jefferson City, MO 65105-0800	Visit dor.mo.gov/taxation/business	s/tax-types/motor-fuel/ for additional information.						
		Ever corved on active duty in t	he United States Armed Forces?						

Phone:(573) 751-7671Fax:(573) 522-1720

Ever served on active duty in the United States Armed Forces? If yes, visit <u>dor.mo.gov/military/</u> 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/.

Section 142.824 — (Motor Fuel Tax Law) Provides the following requirements

To claim a refund, the ultimate consumer or retailer must file the claim within one year of the date of purchase or April 15th following the year of purchase, whichever is later. Form 4924, Motor Fuel Tax Refund Application, must be on file with the Department in order to process this claim. Form 4924 can be submitted at the same time as Form 5631. You are required to retain the original receipts/invoices for a period of three years for Department review of the claim.

Instructions for completing form

Round all gallons to nearest gallon

- Line 1: Enter total gallons of fuel used in farm equipment for agricultural purposes, or fuel used in residential or personal off-road equipment (residential lawn mowers, ATV's, chain saws, weed eaters, etc.)
- Line 2: Enter total gallons of fuel used in off-road equipment.
- Line 3: Enter total gallons of fuel used in reefer units.
- Line 4: Enter total gallons of fuel used in watercraft.
- Line 5: Enter total gallons of fuel used in the operation of PTO equipment. Attach a completed Form 588-C.
- Line 6: Enter the total number of gallons of fuel sold to or purchased by the federal government.
- Line 7: Enter the total number of gallons of fuel sold to or purchased by a public mass transportation operator.
- Line 8: Enter total gallons of fuel used for other off-road purposes under appropriate columns. Explain how the fuel is used for off-road purposes.
- Line 9: Enter total CNG gallons (Column A Lines 1 through 8).
- Line 10: Enter total LNG gallons (Column B Lines 1 through 8).
- Line 11: Enter total Propane gallons (Column C Lines 1 through 8).
- Line 12: Enter total gallons subject to a refund (Add Lines 9, 10, and 11).
- Line 13: Enter gallons of eligible purchaser allowance. (Motor fuel distributor claimants only.)
- Line 14: Enter total gallons (Line 12 minus Line 13).
- Line 15: Enter total tax paid on CNG, LNG, and propane gallons used for off-road purposes (Line 14 multiplied by the appropriate tax rate). [Until December 31, 2019, the rate is \$.05. From January 1, 2020 until December 31, 2024, the tax rate is \$.11. As of January 1, 2025, the rate is \$.17.]
- Line 16: Enter total amount of refund claimed (Line 15).
- Line 17: For office use only. The Department will calculate, if applicable.

Remember to sign and date form.

Claims received unsigned will be returned.

If you have questions or need assistance in completing this form, please call this office at (573) 751-7671 (TTY (800) 735-2966) or e-mail this office at: <u>excise@dor.mo.gov/forms/</u> You may also access a copy of this form on the Department's website: <u>dor.mo.gov/forms/</u>