	Business Name/First Name	MI	Last Name)	FEIN			Social Security Number							
¥ ┃	Spouse's First Name	MI	Last Name)		☐ FE	FEIN Social			al Seci	I Security Number				
aıman											1 1	- 1	1	1	
a a	Mailing Address	•			City				State			ZIP Code			_
รี															
	Email Address	Phone Number			ber						_				
		()	-	()_	<u> </u>							

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.

	CNG Gallons Equival	lent	·										iivalen	t	Propane Gallon				
	Column A		Purposes for which Off-Road fuel is used Colur									Column B			Column C				
		1	Agricultural	use, f	uel use	d in farr	n equ	ipmen	t, lawr	mowe	er, etc.								
		2	Commercial or construction use, fuel used in off-road equipment																
		3	Reefer use.										3						
		4	Marine use																
ge		5	Power Take-Off (PTO) use, fuel used in auxiliary equipment (Complete Form 588-C, and attach)																
		6	Motor fuel sold to or purchased by federal government																
Fuel Usage		7	Motor fuel sold to or purchased by public mass transportation operator																
		8	Other claims not covered by the above options (attach additional page) 8																
Ę.	9. CNG gallons	Ilons (Total; Column A Lines 1 through 8)													. 9				
_	10. LNG gallons (•			_	,													
	11. Propane gallo				-	,													
		`	=			0 /										140			
	ŭ	,	ldd Lines 9, 10, and 11)																
		s (Line 12 minus Line 13)												· —					
	-	paid on CNG, LNG, and Propane gallons used for off-road purposes (Line 14 multiplied by the appropriate tax rate)												·	\$				
			refund claimed (Line 15)													\$			
			roved											_	\$				
	· · · · · · · · · · · · · · · · · · ·	.pp.o.												Omo	000 0111		Ψ		
If v	ou would like your re	ofund d	ananitad diraa	thy to	vour ob	ookina	or oov	ingo o	000110	oomr	loto h	0,400.0	h and	o bolo	147			_	
	If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below. a. Routing Number b. Account Number												\neg	c. Checking					
a.	. Kouling Number												☐ Savings						
																		Cavings	
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I state that I have prepared of																		
(I)	reviewed this claim and take full responsibility for the information thereon, that I have made the purchases and used the motor fuel as shown above and paid 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																		
ב	on public roads of the state of Missouri, and that I am entitled to the refund amount claimed.													eu na	3 00	en or will be used			
nat	Signature Title																		
Signature																			
0,	Printed Name	rinted Name										Date (I	e (MM/DD/YYYY)						

E-mail: excise@dor.mo.gov

Mail to: Taxation Division

P.O. Box 800

Jefferson City, MO 65105-0800

Visit dor.mo.gov/taxation/business/tax-types/motor-fuel/ for additional information.

Form 5631 (Revised 04-2022)

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



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/.

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: excise@dor.mo.gov. You may also access a copy of this form on the Department's website: dor.mo.gov/forms/