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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

APPLICATION FOR FARM GASOLINE USER FEE REFUND

L-304 (Rev. 1/9/18) 4011

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Name and Addre	ess		ALWAYS FILE NU	PORTANT REFER TO THE JMBER WHEN THE DIVISION
			FIL	E NUMBER
Email Address _			S	SN/FEIN
true copy of the	invoice.	e name listed above. This applic		
•	was purchased by me as enume e which has been used is shown	erated below and as set forth on th on the reverse side.	e purchase inv	oice(s) attached. The
	RECORD OF R	REFUND GASOLINE PURCHASED)	
Date of Purchases	Invoice Number	Name of Licensed Distributor	-	Gallons Purchased
Total gallons gaso	oline purchased			
Number gallons u	sed			
User fee paid per	gallon \$			

Mail to: South Carolina Department of Revenue, P.O. Box 125, Columbia, SC 29214-0400

Total amount of refund due\$ ___

ATTACH PURCHASE INVOICES HERE

The law requires you to keep and retain for a period of three years an actual and accurate record of the use of refund gasoline. This record must show all purchases of refund gasoline, the amount of refund gasoline used and types of machines using refund gasoline. This record must be kept open for inspection by the Department or its agents.

The law provides that any person found guilty of using refund gasoline for any purpose other than AGRICULTURAL PURPOSES be fined not less than \$50.00 and not more than \$100.00, and in addition, any automobile, bus, truck or other motor vehicle using refund gasoline for transportation on roads or highways shall be subject to confiscation and sold as provided by law.

used in the following farm operations:

During this period of time, the equipment and gasoline listed below were used to work

acres of land planted or to plant the following crops or

_		1	3				
То		2	4. —				
List only gasoline powered equipment.							
EQUIPMENT USED		D	WORK PERFORMED	Gallons			
Make	Model	Serial Number	(Such as plowing, cultivating, etc.)	Used			
			Total gallons refund gasoline used				
		L					

When signing this form, it is important that the information contained in your report be correct and complete. To wilfully furnish a false or fraudulent statement to the Department is a crime.

The application must be signed. For assistance email **MotorFuelTax@dor.sc.gov** or call (803) 896-1990. Mail the application and copies of the invoices to: SC Department of Revenue, P.O. Box 125, Columbia, SC 29214-0400.

Title	Printed Name	Signature
Daytime Phone No.	Date	E-mail
Dayume i none ivo.	Date	L-maii

Social Security Privacy Act Disclosure

DATE OF USE

From

It is mandatory that you provide your social security number on this tax form, if you are an individual. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.