

1350

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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

Name and Address _____ _____ _____ Email Address _____	IMPORTANT ALWAYS REFER TO THE FILE NUMBER WHEN WRITING THE DIVISION
	FILE NUMBER
	SSN/FEIN

All invoices must be made out the same as the name listed above. This application must be accompanied by a true copy of the invoice.

All claims for refund of user fee on farm gasoline must be filed within thirty-six months (3 years) from the date of purchase.

The said gasoline was purchased by me as enumerated below and as set forth on the purchase invoice(s) attached. The amount of gasoline which has been used is shown on the reverse side.

RECORD OF REFUND GASOLINE PURCHASED

Date of Purchases	Invoice Number	Name of Licensed Distributor	Gallons Purchased
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total gallons gasoline purchased _____

Number gallons used _____

User fee paid per gallon \$ _____

Total amount of refund due \$ _____

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

