



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR  
FARM GASOLINE USER FEE REFUND**

Mail to: South Carolina Department of Revenue, Motor Fuel, Columbia, SC 29214-0139

**L-304**  
(Rev. 10/1/14)  
4011

By Email: [motfuellic@dor.sc.gov](mailto:motfuellic@dor.sc.gov)  
Telephone: (803) 896-1990

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

**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. The claim must be filed not more than 3 years after the date of the invoice**

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 .....

**COMPUTATION OF USER FEE REFUND**

Number gallons used .....	_____	DO NOT USE THIS SPACE	
Amount of refund per gallon .....	\$ _____	Amount of refund approved .....	\$ _____
Total amount of refund due .....	\$ _____	Audited by _____	Date _____
Interest .....	\$ _____	Approved by _____	Date _____

(Over)

