



Massachusetts Department of Revenue

Form GT-9A-B

Gasoline Refund Application for Those Engaged in the Business of Farming

MGL Ch. 64A, sec. 7A — for transactions occurring on or after July 31, 2013

Applicant must answer all items or application will be returned. Mail to: Mass. Department of Revenue, PO Box 7012, Boston, MA 02204.

Name of applicant, Federal Identification number, Social Security number, Mailing address, Phone number, City/Town, State, Zip, Type of farming, Number of acres under cultivation, Storage capacity, Date of first fuel purchase, Date of last fuel purchase, Massachusetts state taxes, Other motor fuel refunds.

Tax Refund Computation. First in/first out basis must be used. Enter fuel as whole gallons.

Table with 5 columns: a. Jan. 1-March 31, b. April 1-June 30, c. July 1-Sept. 30, d. Oct. 1-Dec. 31. Rows 1-10 detailing gallons of gasoline on hand, purchased, used, and tax refund.

Schedule on reverse must be completed in its entirety.

Application subject to audit. Purchase receipts and complete distribution records of all gasoline used must be kept three years for verification by a representative of the Commissioner. Claims based on estimates are not acceptable.

Claims for refund of tax based on gasoline used during the taxable year must be filed on or before the 15th day of the fourth month following the close of such taxable year. If the taxable year and calendar year coincide, the application must be filed on or before April 15.

Declaration

The undersigned applicant states under the penalties of perjury that all information contained in this application is true, correct and complete and that the undersigned has complied with all laws of the Commonwealth relating to taxes.

Signature of applicant or person authorized to sign, Date



Name of applicant Federal Identification number Social Security number

Name of vendor from whom gasoline was purchased Gallons purchased

Street address of vendor

City/Town State Zip

Complete below if application includes gasoline used by custom operators on your farm.

Name of operator

Street address of operator

City/Town State Zip

Name of operator

Street address of operator

City/Town State Zip

Name of operator

Street address of operator

City/Town State Zip

Equipment information. List all equipment (registered and unregistered) in which gasoline was used. Itemize gallonage consumed in each piece of equipment (records must be kept to substantiate total gallonage). Attach additional sheets if needed.

Table with 4 columns: Type of equipment, Registration number (farmplate or auto and truck license plate number), a. Highway use, b. Non-highway use. Includes a total gallons row at the bottom.