



Massachusetts Department of Revenue
Form GT-9T-B
Gasoline Refund Application

Massachusetts Turnpike use, MGL Ch. 64A — for transactions occurring on or after July 31, 2013

Must be filed on a calendar half-year basis. Claim must be filed within two years of date of purchase. Application must be filled out in its entirety. Mail to: Massachusetts 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
Period in which gasoline was used (fill in whichever apply) <input type="radio"/> January 1–June 30 <input type="radio"/> July 1–December 31		
Fill in if you have storage facilities for fuel <input type="radio"/>	Storage capacity (in gallons)	
Fill in if you owe any Massachusetts state taxes <input type="radio"/>	Fill in if you have applied for other motor fuel refunds (if Yes, specify type(s)) <input type="radio"/>	

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

	a. Jan. 1–March 31	b. April 1–June 30	c. July 1–Sept. 30	d. Oct. 1–Dec. 31
1 Gallons of gasoline purchased as shown by attached original purchase receipts. 1				
2 Gallons upon which a refund is claimed (from computation schedule on reverse) 2				
3 Gasoline tax rate per gallon. 3	.24	.24	.24	.24
4 Amount of gasoline tax refund. Multiply line 2 by line 3. Do not claim under \$1.00 4				

Adjustment for use tax

5 Cost of gasoline reported in line 2. 5				
6 Amount shown in line 4. 6				
7 Amount subject to use tax. Subtract line 6 from line 5. 7				
8 Use tax. Multiply line 7 by .0625 (6.25%) 8				
9 Net refund. Subtract line 8 from line 4. 9				
10 Total refund due. Add line 9, columns. a, b, c and d. 10				

Schedule on reverse side must be filled out in its entirety. Original fuel purchase receipts and toll receipts must be attached to the page on which they are listed.

Supplier's name, address, quantity (in gallons) of gasoline purchased and date of purchase must be on each sales receipt. Sales receipts will be returned if a written request accompanies the application. If there is any evidence of erasure or change in either dates or amounts shown on purchase receipts or toll receipts, application will be disallowed in its entirety.

Fuel must be purchased on day of use or within three preceding days of turnpike use. Applicants having storage facilities must transfer fuel into vehicle tank on day of use or within three preceding days of turnpike use. If fuel is purchased outside the Commonwealth prior to entering the turnpike, do not include that travel for refund.

Application subject to audit. Complete records must be kept three years for verification by a representative of the Commissioner.

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
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Name of applicant

Federal Identification number

Social Security number

Computation schedule

Schedule must be filled out in its entirety. Enter each toll slip on a separate line. Check rate to be used in col. 8. For vehicles in Classes 1 and 2, check "15"; for vehicles in Classes 3 through 9, check "5." If more space is needed, attach additional computation schedules.

If fuel is purchased outside the Commonwealth prior to entering the turnpike, do not include that travel for refund.

1. Date of fuel purchase or transfer (mm/dd/yyyy)	2. Date of toll receipt (mm/dd/yyyy)	3. Gallons purchased and/or placed in vehicle(s)	- Toll stations -		6. Mileage on turnpike (compute)	7. Vehicle class (copy from toll receipt)	8. Divide by rate (check rate used)	9. Gallons consumed (divide col. 6 by col. 8)
			4. Entry number	5. Exit number			<input type="radio"/> 5 <input type="radio"/> 15	
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Total gallons. Add col. 9. Enter here and in Tax Refund Computation, line 2.