



MISSOURI DEPARTMENT OF REVENUE
 TAXATION DIVISION
 P.O. BOX 300, JEFFERSON CITY, MO 65105-0300
 (573) 751-2611 TDD (800) 735-2966
AFFIDAVIT FOR LOSS OF MOTOR FUEL

FORM 4756 (REV. 02-2011)	DLN
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SEE INSTRUCTIONS ON REVERSE SIDE — ROUND TO WHOLE GALLONS AND DOLLARS

The director must be notified within ten (10) days from the date of discovery of loss or contamination and this affidavit must be filed within thirty (30) days of the notification by the person having immediate custody of the motor fuel at the time of the loss or contamination.

CLAIMANT'S NAME	TELEPHONE NUMBER (____) _____	LICENSE NUMBER (IF APPLICABLE)	FEIN OR SOCIAL SECURITY NO. _____	MONTH/YEAR ____/____
ADDRESS	P.O. BOX	CITY	STATE	ZIP _____

Exact Location of Loss — If loss occurred while in transit or at time of unloading, give invoice or manifest number below and attach copy to this claim. If product was returned to terminal attach copy of terminal issued "product return".

CAUSE OF LOSS _____

PC — TYPE OF PRODUCT (LIST ONLY ONE PER SHEET)

065 — Gasoline	125 — Aviation Gasoline	285 — Soy Oil	Other _____
123 — Alcohol	142 — Clear Kerosene	290 — Bio-Diesel – Dyed B100	
241 — Ethanol	160 — Clear Diesel Fuel	122 — Blending Components	
124 — Gasohol	284 — Bio-Diesel — Undyed B100	(Identify) _____	

1 Date of Manifest	2 Manifest Number	3 Gallons Listed Upon Manifest	4 From Whom Purchased Company — City, State	5 Product Code	6 Number of Gallons Lost	7 Date of Loss
__/__/____						__/__/____
__/__/____						__/__/____
__/__/____						__/__/____

1. TOTAL GALLONS LOST	▶		
2. Allowance — (3% Gasoline, Gasohol, Alcohol, Aviation Gas) (2% Diesel Fuel, Kerosene)	▶		
3. Gallons Available for Refund/Credit (Line 1 minus Line 2)	▶		
4. Refund/Credit Amount for Gasoline, Gasohol, Alcohol, Diesel Fuel and Kerosene (Line 3 times .17)	▶		.00
5. Refund/Credit Amount for Aviation Gas (Line 3 times .09)	▶		.00

METHOD OR PROCEDURE FOLLOWED IN DETERMINING AMOUNT OF LOSS _____

Check one
 Credit (licensed suppliers only)
 Refund

I, the undersigned being first duly sworn, depose and say that I have made the purchases of and paid the tax on the motor fuel as shown above and by the invoices attached hereto, and that I am entitled to a refund under the provision of Section 142.815(8), RSMo – Motor Fuel Tax Laws. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

PRINT NAME	CLAIMANT'S SIGNATURE
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NOTARY

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ 20____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW

APPROVED BY THE DEPARTMENT OF REVENUE	▶	SIGNATURE
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AFFIDAVIT FOR LOSS OF MOTOR FUEL

Instructions

This form is to be completed when claiming credit or requesting a refund for tax paid on motor fuel lost or destroyed due to a sudden and unexpected casualty or contamination which makes the fuel unsalable as highway fuel.

Suppliers will be issued credit to be used on their monthly tax report. All other claimants will be issued a refund.

This affidavit must be submitted within thirty (30) days following notification of the loss to the department pursuant to Section 142.815.2(8), RSMo:

“Motor fuel which was purchased tax paid and which was lost or destroyed as a direct result of a sudden and unexpected casualty or which had been accidentally contaminated so as to be unsalable as highway fuel as shown by proper documentation as required by the director. The exemption pursuant to this subdivision shall be refunded to the person or entity owning the motor fuel at the time of the contamination or loss. Such person shall notify the director in writing of such event and the amount of motor fuel lost or contaminated within ten days from the date of discovery of such loss or contamination, and **within thirty days after such notice, shall file an affidavit sworn to by the person having immediate custody of such motor fuel at the time of the loss or contamination, setting forth in full the circumstances and the amount of the loss or contamination and such other information with respect thereto as the director may require**”.

General Instructions

Enter the name, numbers and information for the claimant. If claimant holds a Missouri supplier, permissive supplier or distributor license, provide license number.

Enter the details for loss.

Print name and sign the form.

Notarize form.

If you have questions or need assistance in completing this form, please call (573) 751-2611 or e-mail excise@dor.mo.gov. You may also access the Department's web site at <http://dor.mo.gov/tax/forms/index.php?category=18> to obtain this form.