Yukon
Finance

F.O.T. APPLICATION 6
FUEL OIL TAX ACT

APPLICATION FOR REFUND

Where Fuel is Used in Another Jurisdiction OR Due to a Lower Tax Rate

Name _____

Address _____

Phone _____ Fax _____ Email _____

CHECK ONE

☐ SECTION 32 (2) APPLICATION FOR REFUND – WHERE FUEL IS USED IN ANOTHER JURISDICTION
Claimant must submit proof that tax was paid in the Jurisdiction in which fuel was used.

☐ SECTION 4(1) APPLICATION FOR REFUND – DUE TO A LOWER RATE OF TAX
Claimant must provide evidence of consumption.

TYPE OF FUEL (use separate form for each type): ☐ Diesel ☐ Gasoline ☐ Aviation

STATEMENT OF FUEL TAX PAID

Date of Purchase YYYY/MM/DD	Purchased from (Supplier's Name)	Invoice # (attach copies)	Litres Purchased	Tax Paid on Purchase
		Total Purchases		
		On Hand at date of last claim (if any)		
		Balance on hand now		
		*Total consumed		

STATEMENT OF FUEL CONSUMPTION

Fuel used in another jurisdiction (provide name) or for the purpose of	Litres	Applicable Tax Rate**	Tax Thereon
* Total Consumed			
		Tax Paid	
		Tax Refund Claim	**$**

**TAX RATES: DIESEL $0.072 /litre
GAS $0.062 /litre
AVIATION $0.011 /litre

***Totals "consumed" must agree**

I, _____, _____ as a duly authorized
(NAME - PLEASE PRINT) (TITLE - PLEASE PRINT)

officer of _____ hereby
(COMPANY NAME - PLEASE PRINT)

CERTIFY that the information contained in this application is true and correct to the best of my knowledge and belief.

_____ _____
Date (YYYY/MM/DD) Signature

Mail this form to: Deputy Head, Department of Finance, Government of the Yukon
Box 2703, Whitehorse, Y.T. Y1A 2C6
Phone: (867) 667-5345 Fax: (867) 456-6709

The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Fuel Oil Tax Act*. Questions about the collection or use of this information can be directed to the Yukon Department of Finance, Box 2703, Whitehorse, Yukon, Y1A 2C6, (867) 667-5343.

YG(593EQ)F1 01/2017