

Request for Authorized Exempt Fuel Percentage

| | I | | | | |
|-----------------------|--------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------|----------------------|------------------------------------|
| | Name | | | Social Security | number |
| PLEASE PRINT OR | Address | | | Federal Employ | er Identification Number |
| TYPE | City | | | State | ZIP Code |
| An autho | rized percentage is being reque | sted for the following pe | eriod:to | | |
| Please a | nswer the following question | s by marking your ans | wer with an "X." | | |
| 1. Do you | operate trucks and report fuels u | se tax under an IFTA lice | nse? | | Yes No |
| 2. Do you | i file Form 75-PTO or Form 75-NM | I to claim fuels tax refund | s for nontaxable uses of m | otor fuels? | Yes No |
| 3. Do you | have separate bulk fuel storage t | anks for undyed (taxed) o | diesel and dyed (untaxed) | diesel? | Yes No |
| Please a | nswer the following question: | s about your business | • | | |
| 4. What is | the nature of your business? Plea | ase describe. | | | |
| (Example | ontaxable uses of diesel or gasoli es include stationary engines; unlicensed ig purposes.) | | | | h as a truck or track vehicles; or |
| | a farm, ranch, feedlot, or combin mple, number of acres, head of cattle, etc | | e size of the business. | | |
| 7. What we | ere your business's total consumptio | n and purchases of diesel | and/or gasoline fuel during t | ne last calendar yea | r (January - December)? |
| | Cons | umption | Pu | rchases | |
| | Undyed diesel | gallons | Undyed diesel | gallo | ns |
| | Dyed diesel | gallons | Dyed diesel | gallo | ns |
| | Gasoline | gallons | Gasoline | gallo | ns |
| 8. Which f | uel distributor(s) or retailer(s) sup | ply your business with fu | el? | | |
| - | our business also use licensed m yes, how many motor vehicles are | | Gasoline | Propane | Yes No |
| | - 0 - 26,000 GVW* | | | | |
| | Over 26,000 GVW* | | | | |
| - | *GVW is the motor vehicle's registered g | ross vehicle weight. | | | |
| EFO00283 | 10-12-2023 | | | | Page 1 of 2 |

10. In the space below, list all *unlicensed* equipment and *unlicensed* vehicles used in your business.

| Equipment / Vehicle Type | Number of Units | Fuel Type Diesel / Gasoline | Average Annual Fuel Consumed per Unit | Annual Fuel Consumption |
|--------------------------|--------------------|--------------------------------|------------------------------------------|----------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| Totals | | | | |

11. What do you estimate your business's taxable and nontaxable fuel consumption to be?

| Taxable % | Nontaxable % |
|---------------|---------------|
| Undyed diesel | Undyed diesel |
| Gasoline | Gasoline |

12. If you have not already provided a copy of the fuel purchase invoices from your supplier for the past year, please attach a copy with this form.

By signing this form, I certify that the statements I made on this form are true and correct. I know that submitting false information can result in criminal and/or civil penalties.

| Signature | Date | Daytime phone |
|-----------|------|---------------|
| | | |

MAIL TO:

Fuels Tax Specialist Idaho State Tax Commission PO Box 36 Boise ID 83722-0410

| State Tax Commission Request For Authoriz Percentage — Instruct | • |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| General Instructions | Line 11. Diesel refers to clear diesel that is subject |
| Please complete the entire form. The form may be sent back to you for missing information, or an exempt fuel percentage may be denied if the form is incomplete. Allow 3 to 5 weeks to process your request. | to fuels tax. Line 12. Attach copies of supplier invoices for the previous year. If the previous year's fuel consumption wasn't typical for your business, and you believe that is doesn't represent your |
| Specific Instructions | anticipated fuel requirement, please contact our |
| Line 7. List total fuel consumption (withdrawals from your bulk tank) and purchases (fuel purchased and placed into your bulk tank) for your business. These figures are necessary in computing a possible exemption percentage. Line 10. Complete the table to list all unlicensed equipment and unlicensed motor vehicles used in | office to address your situation. If you have questions about the request form, please call the Fuels Tax Manager at (208) 488-2089 or the Form 75 desk at (208) 334-7666. |
| your business. | |
| The column titled "Average Annual Fuel Consumed Per Unit," refers to an individual piece of equipment. The next column, "Annual Fuel Consumption," refers to all pieces of equipment of the same type. | |
| For example, if your operation has four | |

| Gasoline | 20 | 80 |
|----------|----------|-------------|
| | Gasoline | Gasoline 20 |

water pumps and each uses 20 gallons of gasoline per year, your entry should look similar to the

following: