

STATE OF HAWAII - DEPARTMENT OF TAXATION
**COMBINED CLAIM FOR REFUND OF FUEL TAXES
UNDER CHAPTER 243, HRS**

THIS SPACE FOR DATE RECEIVED STAMP



FDF151

• PRINT OR TYPE •	Name	Federal Employer I.D. No. or Social Security No.
	DBA or C/O	Hawaii Tax I.D. No. W _____ - _____
	Address (Number and Street)	Period Beginning ____ / ____ (MM/YY)
	City or Town, State, and Postal/ZIP Code. If foreign address, see Instructions.	Period Ending ____ / ____ (MM/YY)

NOTE: All claims are to be filed with the Department of Taxation on or before the 20th day of the month following the close of the filing period.

STATEMENT OF FUEL TRANSACTIONS AND REFUND DUE			GASOLINE (GALLONS)	DIESEL OIL (GALLONS)	ALTERNATIVE FUEL (GALLONS)
1.	On hand at beginning of period	1.			
2.	Purchases	2.			
3.	Total (Add lines 1 and 2)	3.			
4.	USED OFF PUBLIC HIGHWAYS (Enter amount(s) in the appropriate column(s) on page 2.)	4.			
<input type="checkbox"/> By checking this box and signing below, I attest that the fuel reported on line 4 meets one of the following conditions making it eligible for a refund of fuel taxes paid: (a) The fuel tax was imposed and collected because the purchaser failed to furnish an Exemption Certificate but, in fact, the fuel was ultimately used off the public highways, or (b) The fuel purchased was initially intended for use upon the public highways but was subsequently used off the public highways. For gasoline, the use was for operating agricultural equipment off the public highways.					
5.	Used for other purposes (State purpose: _____)	5.			
6.	Total (Add lines 4 and 5)	6.			
7.	On hand at end of period (Line 3 less line 6)	7.			
8.	REFUND ON GALLONS USED OFF PUBLIC HIGHWAYS (Use the computation(s) on page 2 to calculate your refund.)	8. ● \$		\$	\$
9.	TOTAL REFUND AMOUNT (Add all amounts on line 8)				9. ● \$
10.	Used in the County of (File separate claim for each county)	10.			
11.	Name of seller(s)	11.			

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this is a true, correct, and complete return, prepared in accordance with the provisions of chapter 243, HRS, the Fuel Tax Law, and chapter 18-243, HAR.

_____ Signature	_____ Type or Print Name and Title	_____ Date	() Daytime Phone Number
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SCHEDULE OF TAX RATES

SCHEDULE I. GASOLINE AND DIESEL OIL

APPLICABLE TAX	TYPE OF FUEL	CITY & COUNTY OF HONOLULU	COUNTY OF MAUI	COUNTY OF HAWAII	COUNTY OF KAUAI
State	Gasoline	16¢	16¢	16¢	16¢
	Diesel Oil	15¢	15¢	15¢	15¢
County	Gasoline	16.5¢	18¢ ^a	8.8¢	17¢
	Diesel Oil	16.5¢	18¢ ^a	8.8¢	17¢
Total	Gasoline	32.5¢	34¢	24.8¢	33¢
	Diesel Oil	31.5¢	33¢	23.8¢	32¢

COMPUTATION OF TAX REFUND

Gasoline

Diesel Oil

State Tax 16¢ x _____ Gals.¹ = \$ _____15¢ x _____ Gals.¹ = \$ _____

County Tax:

Honolulu 16.5¢ x _____ Gals. = \$ _____

16.5¢ x _____ Gals. = \$ _____

Maui 18¢^a x _____ Gals. = \$ _____18¢^a x _____ Gals. = \$ _____

Hawaii 8.8¢ x _____ Gals. = \$ _____

8.8¢ x _____ Gals. = \$ _____

Kauai 17¢ x _____ Gals. = \$ _____

17¢ x _____ Gals. = \$ _____

Refund on Gallons Used Off Public Highways \$ _____

\$ _____

(Enter amount(s) in the appropriate column(s) on line 8—Front Page)

SCHEDULE II. ALTERNATIVE FUEL

APPLICABLE TAX	TYPE OF FUEL	CITY & COUNTY OF HONOLULU	COUNTY OF MAUI	COUNTY OF HAWAII	COUNTY OF KAUAI
State	Biodiesel	4¢	4¢	4¢	4¢
	Compressed Natural Gas	4¢ ^d	4¢ ^d	4¢ ^d	4¢ ^d
	Ethanol	2.4¢	2.4¢	2.4¢	2.4¢
	Liquefied Natural Gas	2.4¢ ^b /4¢ ^c	2.4¢ ^b /4¢ ^c	2.4¢ ^b /4¢ ^c	2.4¢ ^b /4¢ ^c
	LPG	5.2¢	5.2¢	5.2¢	5.2¢
	Methanol	1.9¢	1.9¢	1.9¢	1.9¢
County	Biodiesel	8.3¢	9¢ ^a	0¢	0¢
	Compressed Natural Gas	8.2¢ ^d	8.9¢ ^{a,d}	4.4¢ ^d	8.4¢ ^d
	Ethanol	2.4¢	4.2¢ ^a	1.3¢	2.5¢
	Liquefied Natural Gas	4.7¢ ^b /8.2¢ ^c	4.5¢ ^b /8.9¢ ^{a,c}	2.5¢ ^b /4.4¢ ^c	4.8¢ ^b /8.4¢ ^c
	LPG	5.4¢	4.7¢ ^a	2.9¢	5.6¢
	Methanol	1.8¢	3.2¢ ^a	1¢	1.9¢
Total	Biodiesel	12.3¢	13¢	4¢	4¢
	Compressed Natural Gas	12.2¢ ^d	12.9¢ ^d	8.4¢ ^d	12.4¢ ^d
	Ethanol	4.8¢	6.6¢	3.7¢	4.9¢
	Liquefied Natural Gas	7.1¢ ^b /12.2¢ ^c	6.9¢ ^b /12.9¢ ^c	4.9¢ ^b /8.4¢ ^c	7.2¢ ^b /12.4¢ ^c
	LPG	10.6¢	9.9¢	8.1¢	10.8¢
	Methanol	3.7¢	5.1¢	2.9¢	3.8¢

COMPUTATION OF TAX REFUND

Note: If you are requesting a refund for more than one type of alternative fuel, attach a separate schedule showing the type of alternative fuel, tax rate, number of gallons, and total refund claimed.

Type of Alternative Fuel _____

State Tax _____ (Tax rate from Schedule II) x _____ Gals.¹ = \$ _____

County Tax:

Honolulu _____ (Tax rate from Schedule II) x _____ Gals. = \$ _____

Maui _____ (Tax rate from Schedule II) x _____ Gals. = \$ _____

Hawaii _____ (Tax rate from Schedule II) x _____ Gals. = \$ _____

Kauai _____ (Tax rate from Schedule II) x _____ Gals. = \$ _____

Refund on Gallons Used Off Public Highways \$ _____

(Enter amount in the alternative fuel column on line 8—Front Page)

¹ Same as line 4, front page^a Effective July 1, 2015, pursuant to Maui County Resolution No. 15-54^b Rates prior to July 1, 2015.^c Effective July 1, 2015, LNG calculation is based on the energy content of 128,714 BTU.^d Effective July 1, 2015, CNG calculation is based on the energy content of 128,621 BTU.