

A grant payment in the amount of the Alberta Farm Fuel Distribution Allowance (AFFDA), and a rebate of the fuel tax paid is available to farmers who have purchased clear fuel for use in eligible farming operations or domestic heating, in circumstances where marked fuel was not reasonably available. Application for a fuel tax rebate must be made not later than 3 years after the end of the year in which the fuel was purchased and may not be submitted more frequently than every three months. One original copy of this application must be submitted together with the appropriate schedules and invoices to Tax and Revenue Administration, 9811 109 ST, EDMONTON AB T5K 2L5. If you have any questions, please phone (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Copies of this application and your invoices must be retained for audit purposes. Additional forms may be obtained from our Internet site at www.finance.gov.ab.ca or requested from our office using the phone number or address given above.

<p>1. Business Identification Number (number assigned by Alberta Revenue) If unsure of this number or if this is your first claim, leave this field blank.</p> <p>2. Alberta Farm Fuel Benefit Registration Number</p> <p>3. Social Insurance Number OR Federal Business Number</p> <p>4. Legal Name of Applicant (corporate name or surname/first name)</p> <p>5. Business or Operating Name (if different from legal name)</p> <p>6. Business Address of Applicant</p> <p>7. Mailing Address (if the cheque and correspondence are to be sent to an address other than above, please provide the mailing address)</p>	<p>8. For Office Use Only</p> <div style="text-align: right; border: 1px solid black; padding: 2px;">06 14</div> <p>Claim Period (minimum three month period)</p> <p>10. Period Beginning</p> <p>11. Period Ending</p> <p>12. Is this your first claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "No", and your name has changed since your last claim, please provide your previous name: _____</p> <p>13. Is this an amended claim? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
---	---

14. Have you included vehicles registered under the International Fuel Tax Agreement (IFTA)? Yes No

15. Is the fuel being claimed consumed only in farm plated vehicles or farm equipment? Yes No
 If no, please specify where fuel was consumed: _____

16. State reason(s) why marked fuel was not used: _____

17. Is the fuel being claimed consumed in any commercial activity (other than farming)? Yes No
 If yes, please specify: _____
 On a separate attachment please provide detailed calculations on how you determined the portion of fuel consumed in your farming operation.

COMPLETE THE FOLLOWING CHECKLIST BEFORE SUBMITTING YOUR CLAIM

- All applicable areas on this application have been completed.
- All applicable Schedules have been completed, and if you are a custom farmer, Schedule 2 and 3 are completed.
- Fuel invoices to support Schedules are enclosed, and if you are a custom farmer, customer billings to support Schedule 3 are enclosed.
- A list is enclosed of all vehicles and equipment, and the type of fuel used by each, that have consumed fuel included in this claim.**

Failure to comply with any of the above items may result in delayed processing, a reduced rebate/grant or the return of an incomplete application.

Business Identification Number: _____

Period Ending: _____

FUEL TAX REBATE

Total litres

Clear Gasoline Consumed
(Totals carried forward from Schedules 1 or 3) _____ X \$0.09 = \$ **30** _____

Clear Diesel Fuel Consumed
(Totals carried forward from Schedules 1 or 3) _____ X \$0.09 = \$ **32** _____

Tax Paid Propane Consumed
(Totals carried forward from Schedules 1 or 3) _____ X \$0.065= \$ **34** _____

Total Fuel Tax Rebate \$ **36** _____ (14)

AFFDA GRANT

Total litres

Clear or Marked Diesel Fuel Consumed
(Totals carried forward from Schedules 1 or 3) _____ X \$0.06 = \$ **40** _____ (06)

NOTE: Propane and gasoline are not eligible for the AFFDA grant.

TOTAL AMOUNT CLAIMED (Line 36 + Line 40) \$ **50** _____

Fuel purchase invoices must be attached to this application. Custom farmers must also include customer invoices. Your invoices will be returned to you.

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the information contained in this application is true, correct and complete and that the fuel herein reported was consumed in eligible operations in Alberta as defined in the Fuel Tax Act.

Name: _____ Position: _____ Telephone Number: () _____
 (please print) _____ Fax Number: () _____

Signature of Applicant: _____ Date: _____

This application must be signed by the applicant or an authorized signing officer of the company

PARTNERSHIPS

If this application is being filed on behalf of a partnership, provide the Social Insurance Number or Federal Business Number, name and address of EACH member of the partnership:
 (attach a list if more space is required)

Social Insurance Number OR Federal Business Number	Legal Name	Address

Personal information is collected on this form for the purpose of administering the Fuel Tax Act. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to the telephone numbers and address listed at the top of this form.