



FINANCE
Tax and Revenue Administration

TAX EXEMPT FUEL USER (TEFU) REBATE APPLICATION

The Alberta Fuel Tax Act

To determine eligibility, refer to the Tax Exempt Fuel User (TEFU) Rebates Information Circular TEFU 1R3. One original copy of this application together with the appropriate schedule(s), all fuel invoices and documentation to support your claim **must be received within 3 years from the end of the year in which the fuel purchase was made**. Submit complete applications to: **TAX AND REVENUE ADMINISTRATION, 9811 109 ST, EDMONTON AB T5K 2L5**. Invoices will be returned after the claim is processed. For more information call Tax and Revenue Administration at (780)427-3044. If calling long distance within Alberta, call 310-0000 then enter (780)427-3044. Fax (780) 427-0348. 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. This form is NOT to be used for fuel consumed in farming operations (refer to form AT4755).**

<p>1. Business Identification Number ■ (Number assigned by Alberta Finance. If unsure of this number or if this is your first claim, leave this field blank.)</p>	<p>8. For Office Use Only</p> <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">09</div>
<p>2. Motor Vehicle Identification Number (MVID) (from your Vehicle Registration Certificate)</p>	<p>9. E-mail Address _____</p>
<p>3. Alberta Corporate Account Number <i>(if applicable)</i> <i>May be 9 or 10 digits</i></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>Claim Application</p> <p style="text-align: right;">Y Y Y Y M M D D</p>
<p>6. Business Mailing Address (mandatory field): confidential account access information will be sent to this address. This should not be the same address as your third party information.</p>	<p>10. Period Beginning _____</p> <p>11. Period Ending _____</p>
<p>7. Third Party Address: If you do not have a third party preparing your rebate, leave this section blank. Complete this section if you require TRA to forward your rebate cheque and correspondence to the third party you authorized in section 27.</p> <p>c/o</p>	<p>12. Is this your first application?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", copies of fuel invoices and survey must be provided. If "No", and your legal name has changed since your last claim, please provide your previous name.</p>
<p>14. WCB Industry Codes</p> <p>WCB Industry Code _____</p> <p>WCB Industry Code _____</p> <p>WCB Industry Code _____</p> <p>WCB Industry Code _____</p>	<p>13. Is this an amended Application?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", refer to Tax Exempt Fuel User (TEFU) General Instruction Guide (IN343) and provide fuel invoices.</p>
<p>15. Type of operations, please describe activities</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>16. For Office Use Only</p>
<p>NOTE: CERTAIN INDUSTRIES MUST USE THE PRESCRIBED REBATE OFF-ROAD PERCENTAGES (PROP) PROGRAM AFTER JANUARY 1, 2005 TO OBTAIN FUEL TAX REBATES. Please see Information Circular PROP -1.</p>	

17. Is the application for tax paid in error, exports, down-hole use, or mixing of fuel with other substances? Yes No
 18. Are you filing under PROP (The Prescribed Rebate Off-Road Percentages Program)? Yes No
 19. Is unlicensed equipment included in the application?

Yes, please provide your Fuel Tax Exemption Number _____ and check the applicable box to indicate why marked fuel was not reasonably available:

- Farmer with AFFB# _____
 No fuel seller located within 50 kilometer radius of the consumer has marked fuel available for sale.
 Work location: _____ Supplier: _____
 The fuel is being used in a project where clear fuel must also be used and there is a restriction (such as zoning) which prevents the consumer from having more than one fuel storage tank.

20. Was equipment added or replaced during this application period? Yes No
 Yes, specify the acquisition and/or disposition date on Schedule D or E.

21. Indicate the typical number of hours your vehicle(s) is operated each day. _____

22. Are any vehicles registered under The International Fuel Tax Agreement (IFTA) included in this application? Yes No

23. Is fuel purchased by you re-sold to other parties who might claim rebates for tax on that fuel? Yes No

If "Yes", attach a list of their legal names and the number of litres sold to each party.

24. Was any fuel on which you are claiming a tax rebate purchased in the name of another individual or company? Fuel purchases must be listed on a separate Schedule A(s). Yes No

If "Yes", a Fuel Tax Rebate Agreement must be attached for each initial purchaser.

25. Is the data on Schedule B derived from:

- Actual daily logs Survey (off-road hours)* Survey (percentage fuel allocation)*

*** All surveys must be a minimum of 30 calendar days**

26. FUEL TAX REBATE		TRA use Only
Total Fuel Purchased From Schedule A-1(s)	Total Off-Road Litres From Schedule B(s) & C(s)	
Clear Gasoline _____	_____ X \$.09 = \$	30
Clear Diesel _____	_____ X \$.09 = \$	32
Tax Paid Propane* _____	_____ X \$.065 = \$	34
Total Rebate Claimed: \$		36

* for motive use only when dispensed through an automotive dispensing system

27. APPLICANT'S AUTHORIZATION

Complete this authorization box if this application was NOT prepared by the applicant.

I, _____, authorize _____ of _____
name of applicant or signing officer name of person who prepared this form name of company (if applicable)

at _____ to discuss the contents of this application with Tax and Revenue Administration.
preparer's phone number preparer's fax number

Signature of Applicant _____ Date _____

Applicant's Telephone Number () _____

28. 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 section 15 of the Fuel Tax Act.

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

Signature of Applicant _____ Date _____

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

The personal information that you provide on this form will be used for the purpose of administering the Fuel Tax Act and Regulations. It is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of this information you can contact Tax and Revenue Administration at the telephone numbers and address listed on page 1 of this form.

APPLICATION CHECKLIST

PLEASE COMPLETE THE FOLLOWING CHECKLIST

REQUIRED FOR ALL

- Tax Exempt Fuel User (TEFU) Rebate Application (AT342) with all applicable areas completed
- Schedule A(s) (AT343) listing all fuel purchase invoices are enclosed
- Invoices are arranged in chronological order on Schedule A (AT343)
- Schedule A-1 (AT345) Fuel Purchase Reconciliation is completed

REQUIRED TO CLAIM LICENSED VEHICLES CONSUMPTION

- Schedule B(s) (AT344) providing licensed unit fuel consumption calculations are enclosed
AND
- Schedule D(s) (AT338) listing all licensed units are enclosed

REQUIRED TO CLAIM UNLICENSED EQUIPMENT CONSUMPTION

- Schedule C(s) (AT337) providing unlicensed equipment calculations are enclosed
AND
- Schedule E(s) (AT339) listing all unlicensed equipment are enclosed

ADDITIONAL IF APPLICABLE

- First time claimants:** the fuel purchase invoice/statements must be enclosed and arranged in chronological order
- First time claimants:** Survey and supporting documentation for the consumption rates claimed must be enclosed
- Complete summary of actual records or detailed survey documentation is attached
- Fuel Tax Rebate Agreement(s) (AT4911)
- Assignment of Rights(s) (AT4906)
- Supporting records for IFTA adjustments entered on Schedule A-1 (AT345) for IFTA returns filed in another jurisdiction