Alberta
FINANCE
Tax and Revenue Administration

LISTING OF FUEL PURCHASES
FUEL TAX REBATE - SCHEDULE A

Name of Applicant _____

For Claim period ending Year Month Day

Name of the purchaser if other than the applicant: _____
(i.e. the name displayed on the invoice)

Type of fuel purchase: Check ONLY ONE box per Schedule

- ☐ Clear Gasoline
- ☐ Clear Diesel
- ☐ Tax Paid Propane (LPG)

Please complete as many Schedule A(s) as necessary. First time claimants **MUST** submit fuel purchase invoices/statements to Tax and Revenue Administration (TRA) together with their Fuel Tax Rebate Application and Schedules. Fuel invoices must be listed and arranged chronologically. Repeat filers are not required to submit invoices unless requested by TRA*. Fuel purchase invoices that are not in the applicant's name **MUST** be listed on a separate Schedule A and written agreement(s) provided (refer to Information Circular **TEFU-1**). If you have vehicles registered on IFTA and have included them in this claim, an adjustment must be made to your total fuel purchases listed on Schedule A to reflect fuel consumed in Alberta. Please provide the applicable number of litres from the IFTA Quarterly Fuel Type Schedule (AT2060), AB, column 6 on the applicable line at the bottom of page 2 of this schedule. Please retain a copy of your Schedule A(s) and supporting documentation for your records and audit purposes.

Invoice Date must be within claim period	**Dealer Name**	**Invoice Number**	**Dealer Location** (Town/City)	**Total Alberta Tax Paid Litres Purchased**	**TRA Use Only**

Ensure to include the amount of "Total Alberta Tax Paid Litres Purchased" in the TOTAL FUEL PURCHASED box on page 2

* **REPEAT CLAIMANTS MAY BE SELECTED FOR AN IN-DEPTH REVIEW.**
A SAMPLE OF INVOICES WILL BE REQUESTED BY TRA AT THAT TIME.

Business Identification Number: _____ Period Ending: Year Month Day

Invoice Date must be within claim period	Dealer Name	Invoice Number	Dealer Location (Town/City)	Total Alberta Tax Paid Litres Purchased	TRA Use Only

TOTAL FUEL PURCHASED (include amounts from pages 1 & 2) _____

IFTA ADJUSTMENT

(see Quarterly IFTA Fuel Type Schedule AT2060, row AB, column 6).

Quarter	YR1	YR2	YR3
1st			
2nd			
3rd			
4th			
	+	+	

TOTAL ALBERTA TAX PAID FUEL PURCHASED _____

Carry forward the total of all Schedule A(s) for each fuel type to the appropriate line 30, 32 or 34 on the Fuel Tax Rebate Application (form AT342).