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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**INFORMATION RETURN FOR REFUND
GASOLINE USED IN FARM OPERATIONS**

L-303
(Rev. 12/21/07)
4010

Mail to: South Carolina Department of Revenue
Motor Fuel
Columbia, SC 29214-0139
(803) 896-1990

File Number _____

County _____

Name Address

City State Zip Code County

Phone: _____ Social Security No. or Fed. E. I. No. _____

The information below is required in order to establish a basis for obtaining a refund of user fee paid on gasoline purchased for use in tractors and other farm equipment used exclusively for farm operations.

(1) Equipment in which refund gasoline will be used: (List gasoline powered equipment only.)
Provide attachment if additional space is needed.

Make	Model	Motor Number	Horse Power	Per Hour Consumption
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(2) Details of gasoline storage equipment:

Type of Container	Gallonage of Container	Location of Container
_____	_____	_____

(3) Farm Operation Information:

	Kind of Crops		Kind of Crops	
	Number of Acres	Number of Acres	Number of Acres	Number of Acres
**Please list farm operation if other than crop production	(1) _____	_____	(4) _____	_____
	(2) _____	_____	(5) _____	_____
	(3) _____	_____	(6) _____	_____

**Other _____

(4) Estimated gallons of refund gasoline to be used yearly: _____ gallons.

STATE OF SOUTH CAROLINA
County of _____
Sworn and subscribed before me
this the _____ day of _____, year of _____

Personally appeared before me the undersigned, who first being duly sworn, states that the information set forth above is true and correct to the best of his knowledge.

.....
Notary Public for South Carolina

.....
Signature of Applicant

40101024