



Form
MCS-AF-101
 State Form 55598
 (R3 / 8-16)

Indiana Department of Revenue
 Motor Carrier Services Division
Quarterly Alternative Claim for Refund
 Claim Period
 _____ quarter to _____ year

Entity Name	Indiana Taxpayer Identification Number (TID)	Federal Employer Identification Number (FEIN)	
Email Address	Social Security Number (SSN)		
Address	City	State	ZIP Code

Are your operations based outside of the state of Indiana? Yes No
 If yes, enclose certified copies of your IFTA quarterly tax return for the period(s) being claimed.

1. Enter the total taxable miles operated in Indiana by all subject vehicles powered by compressed natural gas.	
2. Enter the total taxable gallons of compressed natural gas purchased and consumed by all subject vehicles in Indiana.	
3. Multiply Line 2 by \$0.16.	
4. Calculate total amount to be refunded. Multiply Line 3 by 0.12.	

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete.

I further declare that copies of fuel tickets and travel logs are on file at the address indicated above for all fuel reported on this return.

Signature of Corporate Officer or Owner: _____ Date: _____

Printed Name of Corporate Officer or Owner: _____ Telephone Number: _____

Title: _____

Instructions for Completing Quarterly Alternative Claim for Refund

What Is an Alternative Fuel Refund?

An alternative fuel refund is a refund that is calculated on the compressed natural gas consumed in a qualified vehicle that travels only in Indiana.

Who Can File the MCS-AF-101 Refund?

All licensees who hold an active MCFT license or IFTA license and who have consumed compressed natural gas in Indiana.

When Should I File?

All refunds must be claimed on a quarterly basis. You can begin claiming a refund as of July 2014 for the following dates:

Jan-June 2014 – Due July 31

Dates thereafter:

1st quarter due April 30

2nd quarter due July 31

3rd quarter due October 31

4th quarter due January 31 of next calendar year

Questions?

Visit our website at www.in.gov/dor/4106.htm. If you need further assistance, you can email us at Indianamotorfuel@in.dor.gov or call us at (317) 615-7345 from 8:15 a.m. to 4:30 p.m. Monday through Friday.

Specific Instructions

Following you will find specific instructions on how to complete the MCS-AF-101 Alternative Fuel Refund.

Getting Started

To complete Form MCS-AF-101, have the following information available:

1. The total taxable miles traveled by all subject vehicles during the period being claimed
2. The total compressed natural gas gallons consumed in the subject vehicles during the period being claimed

If any information on the preprinted MCS-AF-101 is incorrect or needs to be updated, please contact our office via email or phone (See the "Questions?" section).

Complete Form MCS-AF-101 – Step 1, Question A

Read each question carefully and answer in the spaces provided.

If you are based out of the state of Indiana, you must provide certified copies of your IFTA quarterly fuel tax return for the period(s) being claimed.

Complete Form MCS-AF-101 – Lines 1 - 4

In this section you will calculate your total refund due using the total taxable miles traveled in Indiana and the total consumed gallons from subject vehicles using CNG during the period being claimed.

Line 1 – Enter the total taxable miles operated in Indiana by all subject vehicles (vehicles consuming CNG).

Line 2 – Enter the total taxable gallons of CNG consumed by all subject vehicles in Indiana.

Line 3 – Multiply the amount on Line 2 by 0.16 and enter the amount here.

Line 4 – Multiply the amount on Line 3 by 0.12 and enter it here.

Claim is due within 30 days of the claimed period to ensure timely receipt of your refund. Late refunds will not be paid.

Please sign and date the refund and submit it to:

Indiana Department of Revenue
7811 Milhouse Road, Suite M
Indianapolis, IN 46241