



**Indiana Department of Revenue  
Claim for Refund**

Name of Taxpayer			Taxpayer Identification Number		
Address			Federal Identification Number		
City	State	Zip	Social Security Number		

**Indicate only one tax type from one of the following lists**

<input type="checkbox"/> Corporation <input type="checkbox"/> County Innkeepers <input type="checkbox"/> Fiduciary <input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Food & Beverage <input type="checkbox"/> Individual Income <input type="checkbox"/> Motor Vehicle Rental <input type="checkbox"/> Sales & Use (Not Fuel Related)	<input type="checkbox"/> Sales & Use (Utilities) <input type="checkbox"/> Withholding <input type="checkbox"/> Other _____	<b>Mailing/Contact Information</b> P.O. Box 935 Indianapolis, IN 46206-0935 (317) 232-2339 <a href="mailto:Refundclaim@dor.in.gov">Refundclaim@dor.in.gov</a>
<input type="checkbox"/> Aviation Fuel Excise <input type="checkbox"/> Gasoline Use <input type="checkbox"/> Oil Inspection Fee	<input type="checkbox"/> Prepaid Sales on Gasoline <input type="checkbox"/> Sales (Diesel) <input type="checkbox"/> Surcharge (Special Fuel - see instructions)	<input type="checkbox"/> Other Fuel Related _____	<b>Mailing/Contact Information</b> P.O. Box 1971 Indianapolis, IN 46206-1971 (317) 615-2552 <a href="mailto:fetax@dor.in.gov">fetax@dor.in.gov</a>
<input type="checkbox"/> Aeronautics <input type="checkbox"/> Alcohol Excise	<input type="checkbox"/> Cigarette Excise <input type="checkbox"/> Other Tobacco Products Excise		<b>Mailing/Contact Information</b> P.O. Box 901 Indianapolis, IN 46206-0901 (317) 615-2710 <a href="mailto:excisetax@dor.in.gov">excisetax@dor.in.gov</a>
<input type="checkbox"/> BAS <input type="checkbox"/> IFTA	<input type="checkbox"/> IRP/BPR <input type="checkbox"/> Motor Carrier Fuel Tax	<input type="checkbox"/> Oversize/Overweight <input type="checkbox"/> UCR	<b>Mailing/Contact Information</b> P.O. Box 6075 Indianapolis, IN 46206-6075 (317) 615-7345 <a href="mailto:IndianaMotorFuel@dor.in.gov">IndianaMotorFuel@dor.in.gov</a>

Indicate a brief explanation as to why a refund is due:

Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)	Year or Period Ending	Requested Refund Amount	Date(s) of Tax Payment(s)
<b>Total Requested Refund Amount</b>				\$	

I hereby certify that the foregoing account is just and correct; that the amount claimed is legally due, after allowing all just credits; and that no part of the same has been paid. I further understand that this refund may be applied to any liability which I currently have outstanding. Under penalties of perjury, I declare that I have examined this form, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. (If you are claiming a refund for a year in which a joint return was filed, each spouse must sign this refund claim.)

Attach evidence to support your claim. Failure to attach all documentation with the claim may result in either a delay or the claim being denied.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

**For Department Use Only**

\_\_\_\_\_  
Tax Analyst/Auditor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner/Appointee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Claim Number

Year	Interest Paid From	Interest Paid To	Total Interest Amount	Total Refund Amount	DLN

## Form GA-110L Instructions

Complete a separate Form GA-110L for each tax type and location. Fill-in all blanks because any **missing or incomplete information may delay the processing of your Claim for Refund or may cause the Claim for Refund to be rejected or denied**. Make sure all missing returns have been filed.

- Include the taxpayer's name, address, and correct Taxpayer Identification Number with location number.
- Check only ONE Tax Type.
  - **Each tax type requires a separate GA-110L.**
  - Refunds of the Surcharge tax are available to non-motor carriers who purchased special fuel (diesel, biodiesel, compressed natural gas or liquified natural gas) in Indiana on or after July 1, 2017. Please limit refund claims to one per quarter. The vehicle make, model and Vehicle Identification Number (VIN) must be included, along with purchase receipts.
- Attach ALL documentary evidence to support your claim. Failure to attach ALL documentation with your claim may result in your claim being rejected or denied.
- Include a complete explanation of why the refund is due.
- Complete and attach a Power of Attorney (POA-1) form authorizing the department to discuss your claim and specific tax type with someone other than the taxpayer.
- Include each requested refund amount for the appropriate period(s) and the total requested refund amount.
- Be sure to sign the GA-110L form and include a daytime phone number and email address.
  - **Including a correct email address could help expedite the refund process.**

Please allow 45 days for processing before contacting the department regarding the status of your claim.