



Department of
Taxation
P.O. Box 530
Columbus, OH 43216-0530

Motor Fuel Licensed Retail Dealer
Refund Request for Beginning Fuel Inventory
(For use only during the temporary reduction period)

RIR
Rev. 10/26

Name of Claimant _____

Retailer License Number

Company ID (FEIN/SSN)

Number of retail locations included on this claim:

Check here for amended claim: ☐

Address _____ City _____ State _____ ZIP _____ ☐ Update address

Telephone _____ E-mail _____

Section A (Gasoline)

1. Total gallons of fuel in inventory and in transit as of the first day of the temporary reduction period beginning 10/04/2026.....
\$

2. Total refund amount (multiply line 1 by the motor fuel tax rate of \$0.3849).....

Section B (Diesel)

1. Total gallons of fuel in inventory and in transit as of the first day of the temporary reduction period beginning 10/04/2026.....
\$

2. Total refund amount (multiply line 1 by the motor fuel tax rate of \$0.4699).....

Section C (Total)

1. Add Section A line 2 and section B line 2. This is the total refund amount.....

Section D (Retail location detail is required for each location. Use page 2 if necessary.)

Retail License Number	Fuel Type (Gas or Diesel)	Fuel in Transit (Gallons)	Fuel in Inventory (Gallons)

I declare under penalties of perjury that this claim (including all accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name (please print) _____

Signature _____

Title _____

Date _____

Telephone number _____

Completed refund claims may be emailed to motorfuel@tax.ohio.gov or mailed to the Ohio Department of Taxation, P.O. Box 530, Columbus, OH 43216-0530. Contact the Excise and Energy Tax Division at (855) 466-3921 with any questions.

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P.O. Box 530
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Instructions for Motor Fuel Licensed Retail Dealer Refund Request for Beginning Fuel Inventory

RIR Instructions
Rev. 10/26

This form must be submitted no later than March 1, 2027

Multiple Locations: A licensed retail dealer may submit one form covering multiple retail locations. When filing a single consolidated claim, one refund check will be issued for the total amount to the address listed on the claim. If separate checks are preferred for each location, please file a separate claim form for each location.

Amended Claims: If you need to amend a previously filed refund application, please select the "Amended" box and enter the new total number of gallons being reported. The Department will calculate the difference between the amended gallons and those originally filed and will process the amended claim based on that net change.

Section A – Gasoline: Report the total gallons of gasoline in inventory and in transit as of the first day of the temporary reduction period (10/04/2026). This amount must match the total gallons of gasoline listed in Section D for all locations included in the claim.

Section B – Diesel: Report the total gallons of diesel in inventory and in transit as of the first day of the temporary reduction period (10/04/2026). This amount must match the total gallons of diesel listed in Section D for all locations included in the claim.

Section D – Location Detail: For each retail location included in the claim, list the retail license number, indicate the fuel type (gas or diesel), and report the gallons of fuel in transit and in inventory as of the first day of the temporary reduction period. Use page 2 if additional entries are needed.