



South Dakota Department of Revenue  
 Motor Vehicle Division- Motor Fuel Tax  
 445 E. Capitol Avenue  
 Pierre, SD 57501

605-773-8178 | [http://dor.sd.gov/Motor\\_Vehicles/Motor\\_Fuel/](http://dor.sd.gov/Motor_Vehicles/Motor_Fuel/)

VALIDATION  
 AND OFFICE  
 USE ONLY



SDCL 10-47B-137

## Affidavit of Loss of Taxable Fuel

**A**

**Complete and submit this form to the address listed above**

Instructions

- This claim must be made within thirty days of the occurrence.
- Documentation supporting this claim such as bills-of-lading, purchase invoices, and insurance reports must accompany this form.

Any person or business licensed in the sale of fuels may collect a refund of fuel taxes paid on fuel lost by leakage or theft, or fuel lost or destroyed by fire, flood, tornado, windstorm or explosion. For a refund of taxes on fuel lost by leakage or theft, the total gallons lost must exceed 500 gallons. For a refund of taxes on fuel lost or destroyed by fire, flood, tornado, windstorm or explosion, the total gallons must exceed 100 gallons.

**B**

Claimant Information

Claimant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

**C**

Loss Information  
 (Attach copies of all documents identified below)

Casualty Caused By- Check One and attach copies of insurance report

Fire     Lightning     Flood     Windstorm     Explosion     Other (Explain)

\_\_\_\_\_

\_\_\_\_\_

**Please Note:** Casualty must exceed 100 gallons

Loss Form- Check One- If fuel is lost by theft, attach copies of police and insurance reports

Theft                       Tank Leakage

**Please Note:** Loss by theft or leakage must exceed 500 gallons.

Type of Product Lost	Location of Loss	Date of Loss	Gallons Lost	Tax Rate	Claim Amount

Explanation of circumstances surrounding loss:

\_\_\_\_\_

\_\_\_\_\_

**D**

Signature

*I declare and affirm under the penalty of perjury that this report has been examined by me and to the best of my knowledge and belief is in all thing true and correct.*

Signature

Title

Date

Notarization  Affix Seal Here	Subscribed and sworn before me this _____ day
	of _____, 20_____.
	Notary Public _____
	My commission expires on _____