



MISSOURI DEPARTMENT OF  
**REVENUE**  
Motor Fuel Tax Highway Use  
Refund Claim

For Motor Fuel Tax Paid October 1, 2021 through June 30, 2022  
Claim must be filed July 1, 2022 through September 30, 2022

Claimant

Name		<input type="checkbox"/> FEIN <input type="checkbox"/> Social Security Number	
Mailing Address		City	State ZIP Code
Phone Number ( ) - -	Alternate Phone Number ( ) - -	Fax Number ( ) - -	
E-mail Address			

Use this form to file a refund claim for the Missouri motor fuel tax increase(s) paid beginning October 1, 2021, through June 30, 2022, for motor fuel used for on road purposes. Refunds must be filed on or after July 1 but not later than September 30 following the fiscal year for which the refund is claimed. Refund claims for Missouri motor fuel tax paid on fuel purchased for non-highway use must continue to be filed using Motor Fuel Refund Claim ([Form 4923](#)).

	Vehicle Identification Number (VIN) Provide VIN for each Vehicle on Supporting Worksheet(s)	Vehicle Does Not Exceed 26,000 Pounds	Total Gasoline Gallons (Enter the Total for Each Vehicle from Worksheet(s))	Diesel Gallons (Enter the Total for Each Vehicle from Worksheet(s))	Missouri Motor Fuel Tax Increase Paid (Gallons x \$0.025)
1.		<input type="checkbox"/>			\$
2.		<input type="checkbox"/>			\$
3.		<input type="checkbox"/>			\$
4.		<input type="checkbox"/>			\$
5.		<input type="checkbox"/>			\$
6.		<input type="checkbox"/>			\$
7.		<input type="checkbox"/>			\$
8.		<input type="checkbox"/>			\$
9.		<input type="checkbox"/>			\$
10.		<input type="checkbox"/>			\$
11.	Total (Add Lines 1-10) .....				\$
12.	Refund Claimed (Enter the amount from Line 11) .....				\$

If you would like your refund deposited directly to your checking or savings account, complete boxes a, b, and c below.

a. Routing Number 	b. Account Number 	c. <input type="checkbox"/> Checking <input type="checkbox"/> Savings
-----------------------	-----------------------	--

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. I state that I have prepared or reviewed this claim and take full responsibility for the information thereon, that I have made the purchases and used the motor fuel as shown above and paid the tax on the original invoices and that I am entitled to the refund amount claimed.	
	Signature	Title
	Printed Name	Date (MM/DD/YYYY) _/_/_/_

Mail to: Taxation Division  
P.O. Box 800  
Jefferson City, MO 65105-0800

E-mail: [excise@dor.mo.gov](mailto:excise@dor.mo.gov)

Visit [dor.mo.gov/taxation/business/tax-types/motor-fuel/](https://dor.mo.gov/taxation/business/tax-types/motor-fuel/) for additional information.

Form 5856 (Revised 09-2021)

Phone: (573) 751-7671  
Fax: (573) 522-1720



Ever served on active duty in the United States Armed Forces?

If yes, visit [dor.mo.gov/military/](https://dor.mo.gov/military/) to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at [veteranbenefits.mo.gov/state-benefits/](https://veteranbenefits.mo.gov/state-benefits/).

## Page

of

Purchaser

Name		Type of Fuel (Choose only one) <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
Vehicle Identification Number (VIN) 	Year	Make/Model /

[illegible]

\*\*A separate worksheet will need to be completed for each vehicle.