



2024 PDR-1P, Minnesota Motor Vehicle Fuel Return

Complete this form if you used tax-free fuel that was dispensed from an on-farm storage tank into a licensed highway vehicle or if you did not pay tax on ethyl alcohol you produced for use in a licensed vehicle. Report all fuel/ethyl alcohol used in the previous year.

File this form and pay the tax due by March 15, 2025.

| Name Daytime Phone For Period Through January 1, 2024 December 31, 2024 Address City State ZIP Code 1 Number of gallons of tax-free fuel used in a licensed motor vehicle 1 Total for the year (add amounts on line 3) 1 Total for the year (add amounts on line 3) 1 declare that this return is correct and complete to the best of my knowledge and belief. Authorized Signature Title Date Daytime Phone | | , , | , | | | Ch | eck if amended: $oxedsymbol{oxed}$ |
|---|---------------|--|---------------------|------------------------|-----------------|------------|------------------------------------|
| 1 Number of gallons of tax-free fuel used in a licensed motor vehicle | | Name | | Daytime Phone | For Period | Through | Calendar Year |
| 1 Number of gallons of tax-free fuel used in a licensed motor vehicle | Print or Type | | | | January 1, 2024 | | December 31, 2024 |
| 1 Number of gallons of tax-free fuel used in a licensed motor vehicle | | Address | | ☐ Check if New Address | , | | |
| 2 Tax rate | | City | State | ZIP Code | | | |
| 2 Tax rate | | | | | | | |
| I declare that this return is correct and complete to the best of my knowledge and belief. | ount Due | 1 Number of gallons of tax-free fue | l used in a license | d motor vehicle | | 1 _ | |
| I declare that this return is correct and complete to the best of my knowledge and belief. | | 2 Tax rate | | | | 2 _ | 0.285 |
| I declare that this return is correct and complete to the best of my knowledge and belief. | ate Am | 3 Amount due (multiply line 1 by line | ne 2) | | | 3 _ | |
| I declare that this return is correct and complete to the best of my knowledge and belief. | alcul | 4 Total for the year (add amounts on line 3) | | | | | |
| , , , , , , , , , , , , , , , , , , , | Ü | | | | | | • • |
| Authorized Signature Title Date Daytime Phone | - a | I declare that this return is correct and complete to the best of my knowledge and belief. | | | | | |
| | Sign | Authorized Signature | | Title | Date | Da | ytime Phone |

Mail your Form PDR-1P and check to:
Minnesota Department of Revenue
Petroleum Taxes
Mail Station 1510
600 N. Robert St.
St. Paul, MN 55146-1510

Phone: 651-296-0889

Email: petroleum.tax@state.mn.us