

Motor Fuels Claim for Refund Taxicabs Transporting Fare-Paying Passengers

North Carolina Department of Revenue

Lega	Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NA	AME AND ADDRESS	S)							
					Fill in applicat	le circles:				
Trade	Name				O First time	has changed s filing Gas-120	•			
Stree	Street Address County					 Amended refund claim Final refund claim 				
Maili	ng Address				E	IN or SSN	J			
	ng Address							20		
City		State	Zip Code	(First 5 digits)				20		
					Refund	d for Quar	ter Endin	g		
Nam	e of Contact Person Phone	e Number	Fax Num	ber		March 31, 20				
	()	()	0.	lune 30, 201	3			
1.	Total miles driven during quarter by taxicabs whil	le transporting	g fare-paying p	passengers		1.		.0		
2.	2. Total miles driven during quarter by taxicabs for personal and other non-paying use				2.		.0			
3.	3. Total miles driven by taxicabs during this quarter (Add Lines 1 and 2)					3.		.0		
4.	4. Total taxicab fare receipts during this quarter					4.	,			
Pa	t 1. Gallonage Accountability									
							Motor Fuel udes N.C. R			
5.	Beginning inventory of tax-paid motor fuel on hand at first day of quarter			►	5.		.0			
6.	Total gallons of tax-paid motor fuel purchased during the quarter				6.		.0			
7.	Total gallons of tax-paid motor fuel to be accounted for (<i>Add Lines 5 and 6</i>) (<i>Must equal Line 11</i>)				7.		.0			
8.	Total gallons of tax-paid motor fuel used in taxicabs to transport fare-paying passengers for which refund is requested				►	8.		.0		
9.	Total gallons of tax-paid motor fuel used in taxicabs for which no refund is requested			►	9.	<u> </u>	.0			
10.	. Ending inventory of tax-paid motor fuel on hand at end of quarter			►	10.		.0			
11.	Total gallons of motor fuel accounted for (<i>Add Lines 8, 9, and 10</i>) (<i>Must equal Line 7</i>)					11.	<u> </u>	.0		

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Part 2. Computation of Refund

12. Refund Due (Multiply Line 8 by \$0.365)

12.

\$

Part 3. Licensed Vehicles - Attach additional pages if needed.

13. List licensed taxicabs operated by you on which a refund is requested.

Vehicle Identification Number	License Tag Number	Type of Fuel Used	Vehicle Owned?	Vehicle Leased?

14. Number of other vehicles, such as vans or limousines, operated by you for hire.

Part 4. Storage Tanks - Attach additional pages if needed.

15. List the type of fuel stored in bulk tanks and the capacity of each tank.

Tank Number	Fuel Type	Gallon Capacity of Bulk Tank

16.	Are any motor vehicles other than taxicabs fueled from storage tanks listed above?	0	Yes	O No	
17.	Is any motor fuel sold to others from the storage tanks listed above?	0	Yes	O No	

Signature:

I certify that, to the best of my knowledge, this claim is accurate and complete.

Claims for Refund are due by last day of the month following the close of the quarter.

MAIL TO: North Carolina Department of Revenue Excise Tax Division Post Office Box 25000 Raleigh, North Carolina 27640-0950

QUESTIONS:

Contact the Excise Tax Division at:Telephone Number(919) 707-7500Toll Free Number(877) 308-9092Fax Number(919) 733-8654

Date: