



# Motor Fuels Claim for Refund Taxicabs Transporting Fare-Paying Passengers

North Carolina Department of Revenue

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Street Address

County



Mailing Address

City

State

Zip Code (First 5 digits)




Name of Contact Person

Phone Number

Fax Number






Fill in applicable circles:

- Address has changed since prior refund claim
- First time filing Gas-1200B refund claim
- Amended refund claim
- Final refund claim

FEIN or SSN

 - 20

Refund for Quarter Ending

- March 31, 2014
- June 30, 2014

- |  |   |   |
|--|---|---|
| 1. Total miles driven during quarter by taxicabs while transporting fare-paying passengers | ▶ | 1. <input style="width: 100%; height: 20px;" type="text"/> .0 |
| 2. Total miles driven during quarter by taxicabs for personal and other non-paying use     | ▶ | 2. <input style="width: 100%; height: 20px;" type="text"/> .0 |
| 3. Total miles driven by taxicabs during this quarter<br><i>(Add Lines 1 and 2)</i>        |   | 3. <input style="width: 100%; height: 20px;" type="text"/> .0 |
| 4. Total taxicab fare receipts during this quarter   | ▶ | 4. <input style="width: 100%; height: 20px;" type="text"/>    |

## Part 1. Gallonage Accountability

- |  |   | Motor Fuel that includes N.C. Road Tax                         |
|--|---|--|
| 5. Beginning inventory of tax-paid motor fuel on hand at first day of quarter  | ▶ | 5. <input style="width: 100%; height: 20px;" type="text"/> .0  |
| 6. Total gallons of tax-paid motor fuel purchased during the quarter   | ▶ | 6. <input style="width: 100%; height: 20px;" type="text"/> .0  |
| 7. Total gallons of tax-paid motor fuel to be accounted for<br><i>(Add Lines 5 and 6) (Must equal Line 11)</i>             |   | 7. <input style="width: 100%; height: 20px;" type="text"/> .0  |
| 8. Total gallons of tax-paid motor fuel used in taxicabs to transport fare-paying passengers for which refund is requested | ▶ | 8. <input style="width: 100%; height: 20px;" type="text"/> .0  |
| 9. Total gallons of tax-paid motor fuel used in taxicabs for which no refund is requested                                  | ▶ | 9. <input style="width: 100%; height: 20px;" type="text"/> .0  |
| 10. Ending inventory of tax-paid motor fuel on hand at end of quarter  | ▶ | 10. <input style="width: 100%; height: 20px;" type="text"/> .0 |
| 11. Total gallons of motor fuel accounted for<br><i>(Add Lines 8, 9, and 10) (Must equal Line 7)</i>                       |   | 11. <input style="width: 100%; height: 20px;" type="text"/> .0 |

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## Part 2. Computation of Refund

- |   |  |  |
|---|--|--|
| 12. Refund Due<br><i>(Multiply Line 8 by \$0.365)</i> |  | 12. \$ <input style="width: 100%; height: 20px;" type="text"/> |
|---|--|--|

**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?  Yes  No
17. Is any motor fuel sold to others from the storage tanks listed above?  Yes  No

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 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) 707-7500  
 Toll Free Number (877) 308-9092  
 Fax Number (919) 733-8654