

## Motor Fuels Claim for Refund GAS-1200B Taxicabs Transporting Fare-Paying Passengers

## North Carolina Department of Revenue

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7.					of tax nd 6)							e ac	coı	unte	d fo	or												7	7.				Ļ		0.
8. Total gallons of tax-paid motor fuel used in taxicabs to transport fare-paying passengers for which refund is requested											•	1	8.				ļ		].0																
9.	Tot	al g	allo	ns (	of tax	к-ра	aid n	note	or fu	ıel	use	d in	tax	icab	s f	or w	hicl	n no	o refu	ınd i	s re	eques	tec	i			<b>•</b>	9	9.				ļ		].0
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## Part 3. Licensed Vehicles - Attach additional pages if needed.

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

Vehicle Identifica	ation Number	License Tag Number	Type of Fuel Used	Vehicle Owned?	Vehicle Leased?
		_			
		+			
. Number of other vehicles,	such as vans or limo	usines, operated by you for hire.		1	
t 4. Storage Tanks - Atta	nch additional pages if n	eeded.			
t 4. Storage Tanks - Atta	nch additional pages if n	eeded.		city of Bulk Ta	ank
t 4. Storage Tanks - Atta	nch additional pages if n	eeded. capacity of each tank.		city of Bulk Ta	ank
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t 4. Storage Tanks - Atta  List the type of fuel stored  Tank Number  Tank Number	in bulk tanks and the	eeded.  capacity of each tank.  Fuel Type  ed from storage tanks listed abo	Gallon Capa	) No	ank
Tank Number	in bulk tanks and the	eeded.  capacity of each tank.  Fuel Type  ed from storage tanks listed abo	Gallon Capa		ank

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