

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


Refund for Quarter Ending
December 31, 2013
$>\quad 1$.

2.

3.

4.


Part 1. Gallonage Accountability
5. Beginning inventory of tax-paid motor fuel on hand at first day of quarter
6. Total gallons of tax-paid motor fuel purchased during the quarter
7. Total gallons of tax-paid motor fuel to be accounted for (Add Lines 5 and 6) (Must equal Line 11)
8. Total gallons of tax-paid motor fuel used in taxicabs to transport fare-paying passengers for which refund is requested
9. Total gallons of tax-paid motor fuel used in taxicabs for which no refund is requested
10. Ending inventory of tax-paid motor fuel on hand at end of quarter
11. Total gallons of motor fuel accounted for (Add Lines 8, 9, and 10) (Must equal Line 7)

| Motor Fuel that |
| :---: |
| includes N.C. Road Tax |

5. 


6.


7. $\square, ~$| $\square$ |  |  |  |
| :--- | :--- | :--- | :--- |

$>$ 8. |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |

9. 


10.

11.


For Office Use Only

## Part 2. Computation of Refund

12. Refund Due
(Multiply Line 8 by \$0.365)
13. 



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 <br> Owned? | Vehicle <br> Leased? |
| :--- | :--- | :--- | :--- | :--- |
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14. Number of other vehicles, such as vans or limousines, operated by you for hire. $\square$
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 |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
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|  |  |  |

16. Are any motor vehicles other than taxicabs fueled from storage tanks listed above?
Yes
No

- Yes
No

17. Is any motor fuel sold to others from the storage tanks listed above?

Signature:
Date: $\qquad$
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
Fax Number
(877) 308-9092
(919) 733-8654

