

Interstate Carrier Claim for Refund State and County Sales and Use Taxes

North Carolina Department of Revenue

Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address

City _____ State _____ Zip Code _____ County _____

Name of Person We Should Contact if We Have Questions About This Claim _____ Contact Telephone _____ () _____

Account ID

FEIN or SSN

Period Beginning (MM-DD-YY)

Period Ending (MM-DD-YY)

● **Name of Taxing County**
(If more than one county, complete reverse) _____

1. **Total Miles of Operation** ▶ _____
2. **Miles Operated in North Carolina** ▶ _____
3. **Ratio of Miles Operated in North Carolina**
(Line 2 divided by Line 1; carry decimal amount to four places (Ex: .7546)) ■ _____
4. **Total Purchases of Railway Cars, Locomotives, Fuel, Lubricants, Repair Parts, and Accessories Inside and Outside N.C.** (Do not include any sales or use tax paid) ▶ _____
5. **Purchases Per Mileage Ratio** (Multiply Line 4 by Line 3) _____
6. **N.C. State Sales and Use Tax Paid on Purchases of Railway Cars, Locomotives, Fuel, Lubricants, Repair Parts, and Accessories** (Enter only the amount of tax paid at the 5.5% State rate) ▶ _____
7. **State Tax on Purchases Per Mileage Ratio** (Multiply Line 5 by 5.5% State rate) _____
8. **Amount of State Sales and Use Tax Refund** (Line 6 minus Line 7) _____
9. **Ratio of County Sales and Use Tax Refund**
(Line 8 divided by Line 6; carry decimal amount to four places (Ex: .7546)) ■ _____
10. **County Sales and Use Tax Paid on Purchases of Railway Cars, Locomotives, Fuel, Lubricants, Repair Parts, and Accessories**

County 2.25% Tax	County 2.5% Tax	Mecklenburg Transit 0.5% Tax
▶ _____	_____	_____
11. **Amount of County Tax Refund** (Multiply the amounts of tax for each county rate on Line 10 above by Line 9. If you are claiming a refund of more than one county's tax, complete the reverse)

County 2.25% Tax	County 2.5% Tax	Mecklenburg Transit 0.5% Tax
▶ _____	_____	_____
12. **Total Refund Requested** (Add State tax on Line 8 and county tax at all rates on Line 11) \$ _____

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

Date: _____

Title: _____

Telephone: _____

MAIL TO: NC Department of Revenue, P.O. Box 25000, Raleigh, NC 27640-0001

	For Departmental Use Only		
Refund Approved:	State Tax	County Tax	Total Tax
<input type="radio"/> As Filed	_____	_____	_____
<input type="radio"/> As Corrected	_____	_____	_____
By: _____	Date: _____		

