GAS-1200B
7-09

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

- ○ **September 30, 2009**
- ○ **December 31, 2009**

1.	**Total miles driven during quarter by taxicabs while transporting fare-paying passengers**	▶ 1.	.0
2.	**Total miles driven during quarter by taxicabs for personal and other non-paying use**	▶ 2.	.0
3.	**Total miles driven by taxicabs during this quarter** *(Add Lines 1 and 2)*	3.	.0
4.	**Total taxicab fare receipts during this quarter**	▶ 4.	.

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.	.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** *(Add Lines 5 and 6) (Must equal Line 11)*	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.	.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** *(Add Lines 8, 9, and 10) (Must equal Line 7)*	11.	.0

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Part 2. Computation of Refund

12.	**Refund Due** *(Multiply Line 8 by $0.289)*	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? ○ 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 the last day of the month following the close of the quarter.

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

QUESTIONS:
Contact the Motor Fuels Tax Division at:
Telephone Number (919) 733-3409
Toll Free Number (877) 308-9092
Fax Number (919) 733-8654