

Motor Fuels Claim for Refund Taxicabs Transporting Fare-Paying Passengers

MFD

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

Filed 2006 N.C. Income Tax Return

FEIN or SSN

_____ - 20

Refund for Quarter Ending

March 31, 2007

June 30, 2007

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

Part 2. Computation of Refund

12. Refund Due (Multiply Line 8 by \$0.289) 12. \$ _____

