



Motor Fuels Claim for Refund Taxicabs Transporting Fare-Paying Passengers

North Carolina Department of Revenue

MFD

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

- March 31, 2009
- June 30, 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. .0

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. <input type="text"/> .0 |
| 6. Total gallons of tax-paid motor fuel purchased during the quarter ▶ | 6. <input type="text"/> .0 |
| 7. Total gallons of tax-paid motor fuel to be accounted for
(Add Lines 5 and 6) (Must equal Line 11) | 7. <input type="text"/> .0 |
| 8. Total gallons of tax-paid motor fuel used in taxicabs to transport fare-paying
passengers for which refund is requested ▶ | 8. <input type="text"/> .0 |
| 9. Total gallons of tax-paid motor fuel used in taxicabs for which no refund is requested ▶ | 9. <input type="text"/> .0 |
| 10. Ending inventory of tax-paid motor fuel on hand at end of quarter ▶ | 10. <input type="text"/> .0 |
| 11. Total gallons of motor fuel accounted for
(Add Lines 8, 9, and 10) (Must equal Line 7) | 11. <input type="text"/> .0 |

Part 2. Computation of Refund

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

