

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 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 (877) 308-9092
 Fax Number (919) 733-8654