

State of Delaware
Division of Motor Vehicles
Financial Services Section
P O Drawer E
Dover, DE 19903
302-744-2711

APPLICATION FOR TAXI CAB GASOLINE TAX REFUND

*****Please submit Form W-9 online prior to mailing your refund application to ensure refund is processed
<https://w9.accounting.delaware.gov/>

(PLEASE PRINT ALL INFORMATION)

FEI OR SSN: _____ P.S.C. NO.: _____

Name of Business or Firm: _____

Mailing Address: _____
Street City, State, Zip

Physical Location of Business Office: _____
Street City, State, Zip

Person Responsible for Filing Claim Form:

Name: _____ Title: _____ Phone: () _____

Number of Vehicles in Fleet: _____ Total Miles Driven This Period: _____

Inclusive Fuel Purchase Dates: From _____ To _____

Name of Bulk Gasoline Supplier(s): _____

1. Beginning Inventory	_____
2. Purchase/Receipts	_____
3. Fuel to be Accounted for	_____
4. Fuel Pumped into Vehicles	_____
5. Ending Inventory	_____
6. Actual Inventory	_____
7. Gain or Loss (indicate with G or L)	_____
8. Total Gallons for which Refund is Claimed	_____
9. Tax Rate	.23
10. Amount of Refund Requested	_____

I hereby submit this claim for refund of gasoline taxes incurred in the normal course of operation of a taxicab business under authorization of 30 Del. C., c.51, §5120(a)(3).

I declare, under penalties of perjury that the information contained in this claim has been examined by me and to the best of my knowledge is true and correct, and I further certify that all fees and taxes due tot the State of Delaware and / or any local government of the State by claimant have been paid in full.

Print Name

Signature

Title

Date

