

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

TO COMPLETE YOUR APPLICATION FOR REFUND OF GASOLINE TAX,
PLEASE FILL IN THE FOLLOWING:

List vehicles (Taxis) operated during claim period below. Attach additional sheet(s) if necessary.

VEHICLE YEAR	VEHICLE MAKE	LICENSE NUMBER	MILEAGE PREVIOUS	MILEAGE PRESENT	TOTAL MILES	AVG. MI PER GAL.	GALLONS USED

Total gasoline used and miles driven		
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INSTRUCTIONS FOR COMPUTATION ON FRONT PAGE

Those companies which purchase gasoline at retail service stations will complete lines 4,8,9 and 10 only.
Those companies which maintain their own bulk storage will complete lines 1 through 10 as enumerated below:

- Line 1: Enter the actual physical inventory as of the beginning of the claim period.
- Line 2: Enter the amount of purchases / receipts from the supplier's invoices. This should be the fuel actually placed in the bulk storage tank during the claim period. Invoices to substantiate this figure must accompany the claim.
- Line 3: Add the two figures to determine the amount of fuel to be accounted for.
- Line 4: Enter the fuel used, i.e. placed in the vehicles. This figure must be substantiated in the event of audit by a log or register showing date, vehicle number, and number of gallons pumped if you maintain bulk storage. If fuel is purchased at retail, receipts must accompany claim. This is the figure on which refund will be made.
- Line 5: Subtract the fuel used on Line 4 from the total to be accounted for on Line 3. This is the computed ending inventory.
- Line 6: Enter the actual physical inventory at the end of the claim period. This is the figure to be used as the beginning inventory on Line 1 on the next claim.
- Line 7: Enter the difference, if any, between the computed inventory and the actual inventory. Indicate whether it is a gain or loss in relation to the computed inventory. An allowance is made for small losses due to evaporation, spillage, etc. No allowance is permitted for losses due to pilferage, leaking bulk tank, etc.
- Line 8: Enter the figure from Line 4 indicating fuel used.
- Line 9: Current Delaware gasoline excise tax rate.
- Line 10: Enter the amount to be refunded derived by multiplying Line 8 by Line 9. This is the amount of refund you are applying for.