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Form **MF-12** (Rev. 2/13)

1326504012

Mailing Address

Georgia Department of Revenue
Taxpayer Services Division
1800 Century Center Blvd., NE, Ste. 8223
Atlanta, Georgia 30345-3205
Telephone (404) 417-6710

WAIVER OF SELLER'S RIGHTS FOR REFUND

Name of Seller				Seller's License Number
Name of Purchaser				
Address	City or Town		State	ZIP Code

Date	Invoice No.	Gallons	Tax Paid to Seller by Purchaser	Exempt Portion (If applicable)	Type of Fuel

AFFIDAVIT OF SELLER

The undersigned authorized representative of the above-named seller does hereby certify under oath that the above figures are true and correct with respect to its transactions with the above-named purchaser for the periods indicated, that the motor fuel tax shown paid was collected from the above named purchaser and was remitted to the Department of Revenue, and that this seller disclaims any interest in said motor fuel taxes remitted to the Department of Revenue and waives any right to refunds due therefor.

This day of _____,_____.

_____
Seller

Subscribed and sworn to:

_____
Telephone Number

This ____ day of _____,_____.

By: _____
Name and Title

_____
Notary Public

THIS WAIVER SHALL BE ATTACHED TO AND MADE A PART OF MOTOR FUEL TAX CLAIM OF PURCHASER