



Mailing Address: Georgia Department of Revenue Taxpayer Services Division Motor Fuel Tax Unit 1800 Century Center Blvd NE Suite 8223 Atlanta, GA 30345-3205

Licensed Distributor Application for Refund

GA Distributor License No. _____ Date of Claim: _____

Federal Employer Identification No: (FEIN) _____

Name of Taxpayer: _____

Trade Name of Business (dba) _____

Business Address: _____

Mailing Address if not same as above: _____

Claim Period: From: _____ To: _____

Type of Refund Claim Filed: Excise Tax [] Prepaid State Tax [] Both []

Table with 4 columns: Fuel Type, Tax Amount Paid, Gallons Claimed, Amount Claimed for Refund. Rows include Gasoline, Diesel Fuel, and Other.

Deponent verily believes that this claim should be allowed for the following reasons:

OATH

State of _____

County of _____

The deponent, being duly sworn according to law, deposes and says that this statement is made on my behalf of the taxpayer named, and that the facts given are true and correct.

Signature of Deponent

Subscribed and sworn to this _____ day of _____, 20 ____

Notary Public