



1726704012

Mailing Address:
Motor Fuel Tax Unit
Georgia Department of Revenue
PO Box 105088
Atlanta, GA 30348-5088



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: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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