

Motor Fuel Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

North Carolina Department of Revenue

				Fill in applicab	e circles:
Trade Name				0	changed since prior refund claim
				First time fili Amended re	ng Gas-1201 refund claim
Street Address	i	County		Ŏ	claim for closed business
					.C. Income Tax Return
Mailing Addres	ŝŝ			O Filed 2012 G	as-1201 refund claim
				FEIN or SS	N (No dashes) OFFICE USE ONLY
City		State	Zip Code (First 5 digits)		
Name of Conta	oct Person	Phone Number	Fax Number	Defund f	ar Calandar Vaar
		()	()	Refund f	or Calendar Year
Business or A	ctivity for which Refund is Claimed				2013
	You must complete all applicable Lines	and Parts on this claim to	o receive a refund.		
Part 1. G	allonage Accountability				
					Motor Fuel that includes N.C. Road Tax
1.	Beginning inventory of tax-paid m	otor fuel on hand at fi	rst of year	▶ 1.	
1.	beginning inventory of tax-paid in		ist of year	1.	.0
2.	. Total gallons of tax-paid motor fuel purchased during 2013			► 2.	.0
3.				3.	
4.	(Add Lines 1 and 2; must equal Line 7)			s .	.0
	Total gallons of tax-paid motor fuel used in off-highway equipment for which refund requested			▶ 4.	.0
5.	Total gallons of tax-paid motor fuel used in licensed vehicles for which no refund is requested			► 5.	.0
6.	Ending inventory of tax-paid moto	r fuel on hand at end o	of year	► 6.	.0
7.	7. Total gallons of tax-paid motor fuel accounted for			7	
	(Add Lines 4, 5, and 6; must equal Li	ine 3)		7.	.0
Part 2. C	computation of Refund				
8.	Refund due on tax-paid motor fuel used in off-highway equipment (Multiply Line 4 by \$0.3753)		8.		
9.	Total gallons of motor fuel used in due	nonhighway equipme	ent for which sales tax is	▶ 9.	.0
10.	Sales tax due (Multiply Line 9 by \$0.1989)			10.	
11.	Total gallons of motor fuel used in farming, and ocean-going vessels			▶ 11.	0.
12.	Total Refund Due			12. \$	
	(Line 8 minus Line 10)				

For Office Use Only

Part 3. Off-Highway Equipment - Attach additional pages if needed.

List off-highway equipment or boats using tax-paid motor fuel on which a refund is requested. Do not list licensed motor vehicles.

Type of Machinery, Equipment, or Boat	How many of each?	Type of Fuel Used	Fuel Tank Capacity

Part 4. Storage Tanks - Attach additional pages if needed.

List the type of fuel stored in bulk tanks and the capacity of each tank.

Tank Number	Fuel Type	Highway or Off-Highway Use	Gallon Capacity of Bulk Tank

Part 5. Licensed Vehicles - Attach additional pages if needed.

List licensed motor vehicles that you own or lease.

Make of Vehicle	Indicate Car or Truck	Type of Fuel Used	If Truck, Gross License Weight

Part 6. Farms - Attach additional pages if needed.

Farm Refund Information Only

Name of Crop	Number of Acres Cultivated	Name of Crop	Number of Acres Cultivated

Signature:

Title:

Date:

I certify that, to the best of my knowledge, this claim is accurate and complete.

Claims for Refund are due by April 15, 2014.

MAIL TO:

North Carolina Department of Revenue Excise Tax Division Post Office Box 25000 Raleigh, North Carolina 27640-0950

QUESTIONS:

Contact the Excise Tax Division at:Telephone Number(919) 707-7500Toll Free Number(877) 308-9092Fax Number(919) 733-8654