NCDOR Web 1-19 GAS-1200 Motor Fuels Claim for Refund Nonprofit Organizations

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

			Fill in applicable circles:
Trade Name	 Address has changed since prior refund claim First time filing GAS-1200 refund claim Amended refund claim Final refund claim for organization 		
Location	County		FEIN or SSN OFFICE USE ONLY
Mailing Address			
City	State	Zip Code (First 5 digits)	Refund for Quarter Ending March 31, 2019 June 30, 2019
Name of Contact Person Number of vehicles using motor fuel for which a re	·		Type of organization claiming refund: Volunteer Fire Department Volunteer Rescue Squad Sheltered Workshop Private, nonprofit organization transporting
Number of paid fire fighters employed with the vo	passengers under contract		

This claim applies to tax-paid motor fuel. It does not apply to dyed diesel fuel and Part 1. Gallonage Accountability dyed kerosene on which sales tax was paid.

			Motor Fuel that includes N.C. road tax
1.	Beginning inventory of tax-paid motor fuel on hand at first day of quarter	▶ 1.	0
2.	Total gallons of tax-paid motor fuel purchased during quarter	▶ 2.	0
3.	Total gallons of tax-paid motor fuel to be accounted for (<i>Add Lines 1 and 2</i>) (<i>Must equal Line 7</i>)	3.	.0
4.	Total gallons of tax-paid motor fuel for which refund is requested	▶ 4.	
5.	Total gallons of tax-paid motor fuel used for which no refund is requested	► 5.	.0
6.	Ending inventory of tax-paid motor fuel on hand at end of quarter	► 6.	.0
7.	Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)	7.	
Part	2. Computation of Refund		
8.	Refund Due (Multiply Line 4 by \$0.352)	8. \$	<u></u>
Signatu	re: Title: I certify that, to the best of my knowledge, this claim is accurate and complete.		Date:
For Offic	e Use Only		

Claims for Refund are due the last day of the month following the close of the quarter.