Do Not Include This Page



Instructions For Handwritten Forms

Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



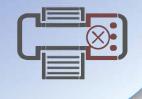
Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

1	

Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.





NCDOR Web 1-21 GAS-1200 Motor Fuels Claim for Refund Nonprofit Organizations

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

Trade Name			Fill in applicable circles: Address has changed since prior refund claim First time filing GAS-1200 refund claim	
Location	County		Amended refund claim Final refund claim for organization	
			FEIN or SSN OFFICE USE ONLY	
Mailing Address				
City	State	Zip Code (First 5 digits)	Refund for Quarter Ending March 31, 2021 June 30, 2021	
Name of Contact Person Number of vehicles using motor fuel for which a Number of paid fire fighters employed with the			Type of organization claiming refund: Volunteer Fire Department Volunteer Rescue Squad Sheltered Workshop Private, nonprofit organization transporting passengers under contract	
number of paid fire fighters employed with the	volunteer me departme	nı.		

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.	
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 (Add Lines 1 and 2) (Must equal Line 7)	3.	
4.	Total gallons of tax-paid motor fuel for which refund is requested	▶ 4.	.0
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 (<i>Add Lines 4, 5, and 6</i>) (<i>Must equal Line 3</i>)	7.	0
Part	2. Computation of Refund		
8.	Refund Due (Multiply Line 4 by \$0.351)	8.	· · · · · · · · · · · · · · · · · · ·
Signatu For Offic	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.