

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

Legal Name (F	First 30 Characters) (USE CAPITAL LETTERS FO	R YOUR NAME AND ADDRESS)			
				Fill in applicabl	e circles:
Trade Name				_	changed since prior refund claim
				Amended ref	ng Gas-1201 refund claim rund claim
Street Address	s	County			claim for closed business
					.C. Income Tax Return
Mailing Addres	SS			Filed 2014 G	as-1201 refund claim
				FEIN or SS	N (No dashes) OFFICE USE ONLY
City		State	Zip Code (First 5 digits)		
Name of Conta	act Person	Phone Number	Fax Number	Pofund f	or Calendar Year
		()	()	Refutitu to	or Calendar Tear
Business or A	activity for which Refund is Claimed				2015
	You must complete all applicable Lines	and Parts on this claim to r	receive a refund.		
Part 1. C	Gallonage Accountability				
					Motor Fuel that includes N.C. Road Tax
1.	Beginning inventory of tax-paid m	otor fuel on hand at first	t of year	▶ 1.	
			•		.0
2.	Total gallons of tax-paid motor fue		5	2.	.0
3.	Total gallons of tax-paid motor fuel to be accounted for (Add Lines 1 and 2; must equal Line 7)			3.	0.
4.	Total gallons of tax-paid motor fue requested	el used in off-highway eq	uipment for which refund i	s 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 motor fuel on hand at end of year			► 6.	.0
7.	Total gallons of tax-paid motor fuel accounted for (Add Lines 4, 5, and 6; must equal Line 3)			7.	0.
Part 2. C	Computation of Refund				3 8
8.	Refund due on tax-paid motor fue (Multiply Line 4 by \$0.3638)	l used in off-highway eq	uipment	8.	
9.	Total gallons of motor fuel used in nonhighway equipment for which sales tax is due			▶ 9.	0.
10.	Sales tax due (Multiply Line 9 by \$0.1605)			10.	
11.	Total gallons of motor fuel used in commercial fishing, commercial logging, railroad farming, and ocean-going vessels for which no sales tax is due			' 🕨 11.	.0
12.	Total Refund Due (Line 8 minus Line 10)			12. \$	

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, 2016.

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