NCDOR Web 1-19 GAS-1201 Motor Fuels Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

Legal Name (H	First 30 Characters) (US	SE CAPITA	L LETTER	RS FOR Y	OUR NA	AME AN	ID ADDRE	ESS)												
													Fill in a	pplica	able	circle	es:			
Trade Name													<u> </u>			•	l since p 1201 ref			im
	-						Country						\sim	nended			m closed	huning		
Street Address	5						County						<u> </u>				ne Tax I		55	
Mailing Addres	26												🔿 Fil	ed 2017	7 GA	S-1201	1 refund	claim		
													FEIN	l or S	SSN	(No	dashes	s) OF	FICE L	JSE
City							State		Zip C	ode (Firsi	t 5 digits)]
Name of Conta	act Person				Phon	e Numb	er		Fax N	lumber										
					()			()			Re	fund	l fo	r Cal	enda	r Yea	r	
Business or A	ctivity for which Refun	ıd is Claim	ed												2	201	18			
	: You must comple			Lines a	nd Pari	ts on t	his clair	m to re	ceive a	refund.										
	anonage Acc	Journa	onity												Г	M	lotor F	uol th	at	_
																	des N.			ĸ
1.	Beginning inve	entory o	f tax-pa	aid mo	tor fue	el on h	nand at	t first o	of yea	r					1.					0
2.	Total gallons o	f tax-pa	id moto	or fuel	purch	ased	during	2018						•	2.					0
3.	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 fuel used in off-highway equipment for which refund i requested							fund is	;		4.	Ļ				0				
5.	Total gallons of tax-paid motor fuel used in licensed vehicles for which no refund is requested							•	5.	ļ		,		0						
6.	Ending invento	ory of ta	x-paid	motor	fuel o	n han	d at en	d of y	ear						6.					0
7.	Total gallons o (Add Lines 4, 5,	•				inted	for							-	7.					0
Part 2. C	computation of	of Refu	Ind													1		/		
8.	Refund due on (Multiply Line 4			r fuel u	used ir	n off-h	nighwa	y equi	ipmen	t				8.						
9.	Total gallons of due	fmotor	fuel us	ed in n	onhig	hway	equip	ment f	or wh	ich sal	es tax is	5	►	9.						0
10.	Sales tax due (Multiply Line 9 l	by \$0.16	4)											10.						
11.	Total gallons of farming, ocean											oads,	►	11.						0
12.	Total Refund D (Line 8 minus Lii												1	2. \$	5		ļ			
	(Line 8 minus Lii	ne 10)											'	- Ψ			<u> </u>		•	•

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, 2019.

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