

# GAS-1201 Motor Fuels Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

Legal Name (/	First 30 Characters) (USE CAPITAL LETTERS FOR \	YOUR NAME AND A	ADDRESS)					
						Fill in applical	ole circles:	
Trade Name						_	s changed since prio	
						Amended r	ling Gas-1201 refund efund claim	ı cıaım
Street Address	5	Co	ounty			_	d claim for closed bu	siness
						_	N.C. Income Tax Re	
Mailing Addres	ss					Filed 2015	Gas-1201 refund cla	im 
						FEIN or S	<b>SN</b> (No dashes)	OFFICE USE ONLY
City		Sta	ate	Zip Code (First	5 digits)			
								Ш
Name of Conta	act Person	Phone Number		Fax Number				
						Refund	for Calendar `	Year
Business or A	ctivity for which Refund is Claimed						2016	
							2010	
IMPORTANT	You must complete all applicable Lines a	nd Parts on this	claim to re	ceive a refund.				
Part 1. G	Sallonage Accountability							
							Motor Fue	
							includes N.C.	Road Tax
1.	Beginning inventory of tax-paid mo	tor fuel on har	nd at first o	of year		1.		0.
2.	Total gallons of tax-paid motor fuel purchased during 2016			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 fuel used in off-highway equipment for which refund is requested			<b>b</b> 4.		0.		
5.	Total gallons of tax-paid motor fuel used in licensed vehicles for which no refund is requested			<b>&gt;</b> 5.		0.		
6.	Ending inventory of tax-paid motor	fuel on hand a	at end of y	ear		<b>&gt;</b> 6.		.0
7.	Total gallons of tax-paid motor fuel (Add Lines 4, 5, and 6; must equal Lin		r			7.		.0
Part 2. C	Computation of Refund						<del>'''''''''''''''''''''''''''''''''''''</del>	0
	<u> </u>	read in off him	ibwey ce::	inmont				
8.	Refund due on tax-paid motor fuel (Multiply Line 4 by \$0.3450)	usea iii oii-iiig	niway equi	ipment		8.		
9.	Total gallons of motor fuel used in n due	nonhighway ed	quipment f	for which sale	s tax is	9.		0.
10.	Sales tax due (Multiply Line 9 by \$0.1651)			10.				
11.	Total gallons of motor fuel used in commercial fishing, commercial logging, railroads, farming, and ocean-going vessels for which no sales tax is due			11.		.0		
	T. (10.4.10)					_	, -,	
12.	Total Refund Due (Line 8 minus Line 10)					12. \$	Ш.,	
For Office Use	Only	7						
	•							

## 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	Make of Vehicle Indicate Car or Truck		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 18, 2017.

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) 707-7500
Toll Free Number (877) 308-9092
Fax Number (919) 733-8654