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

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

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

Do not select “print on both sides of paper.”

Do not submit photocopies of returns. Submit originals only.

Do not mix form types.
GAS-1210
Kerosene Claim for Refund

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

Trade Name

Location County

Mailing Address

City State Zip Code (First 5 digits)

Name of Contact Person Phone Number Fax Number

Fill in applicable circles:

☐ Address has changed since prior refund claim
☐ First time filing GAS-1210 refund claim
☐ Amended refund claim
☐ Final refund claim for closed business

Account Number

Return for Month of Month Year


Computation of Refund

1. Undyed kerosene gallons sold for nonhighway purposes
   (Add totals from GAS-1210DS, Schedules 10I, 10L, and 10M)

2. Motor fuel road tax refund due
   (Multiply Line 1 by road tax rate)

3. Tare allowance received
   (Licensed Distributors and Licensed Importers multiply Line 2 by 1% (0.01), otherwise enter 0.)

4. Total Refund Due
   (Line 2 minus Line 3)

Signature and Title: __________________________ Date: __________________________
I certify that, to the best of my knowledge, this claim is accurate and complete.

Claims for Refund are due by the 22nd day after the end of each month.

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) 250-7898