

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.



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



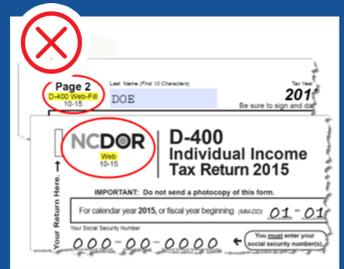
Before You Send



Do not submit photocopies of returns. Submit originals only.



Do not mix form types



GAS-1200

Motor Fuels Claim for Refund Nonprofit Organizations

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-1200 refund claim
 Amended refund claim
 Final refund claim for organization

FEIN or SSN OFFICE USE ONLY

Refund for Quarter Ending

March 31, 2026 September 30, 2026
 June 30, 2026 December 31, 2026

Type of organization claiming refund:

Volunteer Fire Department
 Volunteer Rescue Squad
 Sheltered Workshop
 Private, nonprofit organization transporting passengers under contract

Number of vehicles using motor fuel for which a refund is requested on Line 4:

Number of paid fire fighters employed with the volunteer fire department:

Part 1. Gallonage Accountability - This claim applies to tax-paid motor fuel. It does not apply to dyed diesel fuel and 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. <input type="text"/> .0
2. Total gallons of tax-paid motor fuel purchased during quarter	2. <input type="text"/> .0
3. Total gallons of tax-paid motor fuel to be accounted for (Add Lines 1 and 2) (Must equal Line 7)	3. <input type="text"/> .0
4. Total gallons of tax-paid motor fuel for which refund is requested	4. <input type="text"/> .0
5. Total gallons of tax-paid motor fuel used for which no refund is requested	5. <input type="text"/> .0
6. Ending inventory of tax-paid motor fuel on hand at end of quarter	6. <input type="text"/> .0
7. Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)	7. <input type="text"/> .0

Part 2. Computation of Refund

8. Refund Due (Multiply Line 4 by \$0.400) 8. \$

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

Claims for Refund are due the last day of the month following the close of the quarter.

For Office Use Only

MAIL TO:
 North Carolina Department of Revenue
 Excise Tax Division
 3301 Terminal Drive, Suite 125
 Raleigh, North Carolina 27604

QUESTIONS:
 Contact the Excise Tax Division at:
 Telephone Number (919) 707-7500
 Toll Free Number (877) 308-9092
 Fax Number (919) 250-7898