Do Not Include This Page

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

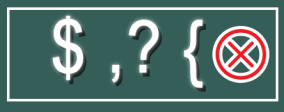
Instructions for Handwritten Forms

Guidelines

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



Do not use dollar signs, commas, or other punction 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."

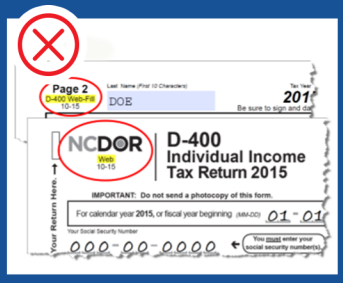


Before You Send

Do not submit photocopies of returns. Submit originals only.



Do not mix form types



NCDOR
Web
1-26

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

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

Trade Name

Street Address | **County**

Mailing Address

City | **State** | **Zip Code** *(First 5 digits)*

Name of Contact Person | **Phone Number** ( ) | **Fax Number** ( )

Business or Activity for which Refund is Claimed

Fill in applicable circles:

- ○ Address has changed since prior refund claim
- ○ First time filing GAS-1201Q refund claim
- ○ Amended refund claim
- ○ Final refund claim for closed business

FEIN or SSN (No dashes) OFFICE USE ONLY

Refund for Quarter Ending

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

IMPORTANT: You must complete all applicable Lines and Parts on this claim to receive a refund.

Part 1. Gallonage Accountability

		Motor Fuel that includes N.C. Road Tax
1.	**Beginning inventory of tax-paid motor fuel on hand at first day of the quarter**	1. .0
2.	**Total gallons of tax-paid motor fuel purchased during the quarter**	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**	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 the quarter**	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. Computation of Refund

8.	**Refund due on tax-paid motor fuel used in off-highway equipment** *(Multiply Line 4 by $0.410)*	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 $0.232)*	10. .
11.	**Total gallons of motor fuel used in commercial fishing, commercial logging, railroads, farming, ocean-going vessels, and manufacturing for which no sales tax is due**	11. .0
12.	**Total Refund Due** *(Line 8 minus Line 10)*	12. $.

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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 the last day of the month following the close of the quarter.

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