NCDOR
Web
1-23

# 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** ( )

**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:**

**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, 2023
- ○ June 30, 2023

**Type of organization claiming refund:**
- ○ Volunteer Fire Department
- ○ Volunteer Rescue Squad
- ○ Sheltered Workshop
- ○ Private, nonprofit organization transporting passengers under contract

## 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. .0 |
| 2. | **Total gallons of tax-paid motor fuel purchased during 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 for which refund is requested** | 4. .0 |
| 5. | **Total gallons of tax-paid motor fuel used for which no refund is requested** | 5. .0 |
| 6. | **Ending inventory of tax-paid motor fuel on hand at end of quarter** | 6. .0 |
| 7. | **Total gallons of motor fuel accounted for** *(Add Lines 4, 5, and 6) (Must equal Line 3)* | 7. .0 |

## Part 2. Computation of Refund

| | | |
|---|---|---|
| 8. | **Refund Due** *(Multiply Line 4 by $0.395)* | 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