

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, 2022

June 30, 2022

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. _____ .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 \$0.375) 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