

# 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**

September 30, 2022

December 31, 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<br>(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<br>(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