



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 Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





NCDOR Web 2-22 GAS-1201 Motor Fuels Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

Legal Name (F	irst 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME	AND ADDRESS)			
					Fill in applicab	le circles:
Trade Name						s changed since prior refund claim
					Amended re	ing GAS-1201 refund claim
Street Address		County			_	claim for closed business
					_	N.C. Income Tax Return
Mailing Addres	s				Filed 2020 (GAS-1201 refund claim
					FEIN or SS	(No dashes) OFFICE USE
City		State	Zip Code (First 5	5 diaits)		ONLY
		7				
Name of Conta	ct Person Phone Nu	ımher	Fax Number			
					Refund f	or Calendar Year
Business or Ac	tivity for which Refund is Claimed					0004
Dusiness of Ac	uvity for which Refund is Claimed					2021
IMPORTANT	Vou must complete all applicable Lines and Barto o	n this alaim to	roccive a refund			
	You must complete all applicable Lines and Parts o allonage Accountability	ii tiiis Ciaiiii tC	receive a reiuliu.			
	anonage Accountability					Motor Fuel that
						includes N.C. Road Tax
1.	Beginning inventory of tax-paid motor fuel o	n hand at fir	st of year		> 1.	
••						.0
2.	Total gallons of tax-paid motor fuel purchase	ed during 20	21		2.	0.1
3.	Total gallons of tax-paid motor fuel to be accounted for (Add Lines 1 and 2; must equal Line 7)			3.	.0	
4.				s • 4.	.0	
5.				> 5.	.0	
6.	Ending inventory of tax-paid motor fuel on hand at end of year			> 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. C	omputation of Refund					, , , , , , , , , , , , , , , , , , , ,
8.	Refund due on tax-paid motor fuel used in of (Multiply Line 4 by \$0.361)	ff-highway e	quipment		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 \$0.167)				10.	
11	Total gallons of motor fuel used in commercia	al fishing of	ammaraial laggin	a railraada	ı	
11.	farming, ocean-going vessels, and manufactu				' 11.	.0
12.	Total Refund Due (Line 8 minus Line 10)				12. \$	
						•
For Office Use	Only					

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	lf 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 April 15, 2022.

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