

# GAS-1201ME

## Motor Fuels Claim for Refund

### Special Mobile Equipment

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 ( ) \_\_\_\_\_

Number of vehicles using motor fuel for which a refund is requested on Line 4: \_\_\_\_\_

**Fill in applicable circles:**

Address has changed since prior refund claim

First time filing GAS-1201ME refund claim

Amended refund claim

Final refund claim for closed business

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**FEIN or SSN**

\_\_\_\_\_ - **99**

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**Refund for Quarter Ending**

March 31, 2023

June 30, 2023

**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 used in special mobile equipment while operating off-road for which refund is requested	▶ 4. _____ .0
5. Total gallons of tax-paid motor fuel used while operating on road 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 on tax-paid motor fuel (Multiply Line 4 by \$0.405)	8. _____
9. Deduct sales tax payable on motor fuel (Multiply Line 4 by \$0.284)	9. _____
10. Total Refund Due (Line 8 minus Line 9)	10. \$ _____

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