

#### Instructions for Handwritten **Forms**

### **Guidelines**



Do not use red ink. Use blue or black ink.









Do not use dollar signs, commas, or other punction 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."



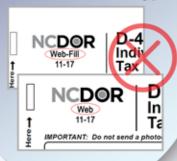
## **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# GAS-1206 Motor Fuel Claim for Refund Exempt Entities

Leg	al Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR N	AIVIE AIVU AUURES.	<i>5)</i>	Fill in applicab	le circles:
Trac	le Name	Address has o	Address has changed since prior refund claim		
				Amended refu	
Street Address County				Final refund claim for closed business	
				FEIN or SSN	- (No dashes) OFFICE USE ONLY
Mail	ing Address				
City		State	Zip Code (First 5 digits)		
Ĺ				Retur	n for Month of
Nan	ne of Contact Person Phor	ne Number	Fax Number	<u> </u>	-
		)		(Month)	(Year)
the Department's website at: <a href="https://www.ncdor.gov">www.ncdor.gov</a> . By submitting this claim for refund, the applicant agrees the fuel upon which the refund is claimed has been paid or secured to the seller's satisfaction.  Type of Exempt Entity - Fill in applicable circle  U.S. Government  N.C. County, Municipal Corporation, Hospital State of North Carolina  N.C. Community, or Joint Agency Services  N.C. Community College					
Pa	ert 1 - Distributor or Other Vendor				
				or Fuel that N.C. Road Tax	Office Use Only
1.	Gallons of tax-paid motor fuel sold to the exempt	1.	0		
2.	Gallons on which tare allowance received (Licensed Distributors and Licensed Importers multiplication 1 by 1%; otherwise enter 0)	2.			
3.	Net gallons subject to refund (Line 1 minus Line 2)		3.		
4.	Total refund due (Multiply Line 3 by the applicable tax rate)		4. \$		
Pa	rt 2 - Credit Card Company				_
5.	Gallons of tax-paid motor fuel purchased by the e	exempt entity	5.	0	
6.	Total refund due (Multiply Line 5 by the applicable tax rate)		6. \$		
Pa	art 3 - Exempt Entity				
7.	Gallons of tax-paid motor fuel purchased by the e	exempt entity	7.		
8.	<b>Total refund due</b> (Multiply Line 7 by the applicable tax rate)		8. \$		
Sia	nature:		Title:	Date:	

MAIL TO: North Carolina Department of Revenue, Excise Tax Division, 3301 Terminal Drive, Suite 125, Raleigh, North Carolina 27604

I certify that, to the best of my knowledge, this claim is accurate and complete.