



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.

\$, ? {



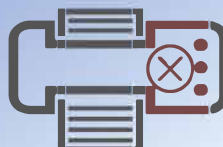
Printing



Set page scaling to
“none.” The Auto-Rotate
and Center checkbox
should be unchecked.



Do not select “print on
both sides of paper.”



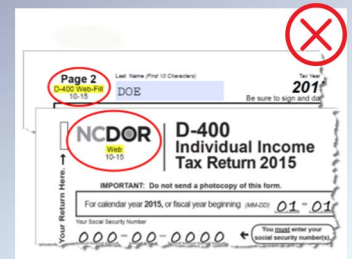
Before Sending



Do not submit
photocopies of returns.
Submit originals only.



Do not mix form types.



GAS-1210 Kerosene Claim for Refund

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-1210 refund claim
- ☐ Amended refund claim
- ☐ Final refund claim for closed business

Account Number

**Return for Month of
Month Year**

____ - ____

Computation of Refund

1. Undyed kerosene gallons sold for nonhighway purposes

(Add totals from GAS-1210DS, Schedules 10I, 10L, and 10M)

▶ 1. _____

2. Motor fuel road tax refund due

(Multiply Line 1 by road tax rate)

▶ 2. _____

3. Tare allowance received

(Licensed Distributors and Licensed Importers multiply Line 2 by 1% (0.01), otherwise enter 0.)

▶ 3. _____

4. Total Refund Due

(Line 2 minus Line 3)

4. \$ _____

Signature and Title: _____

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

Date: _____

Claims for Refund are due by the 22nd day after the end of each month.

MAIL TO:

North Carolina Department of Revenue
Excise Tax Division
Post Office Box 25000
Raleigh, North Carolina 27640-0950

QUESTIONS:

Contact the Excise Tax Division at:
Telephone Number (919) 707-7500
Toll Free Number (877) 308-9092
Fax Number (919) 250-7898