



GAS-1201 Motor Fuels Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

1-17

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

Business or Activity for which Refund is Claimed

Fill in applicable circles:

- Address has changed since prior refund claim
- First time filing Gas-1201 refund claim
- Amended refund claim
- Final refund claim for closed business
- Filed 2015 N.C. Income Tax Return
- Filed 2015 Gas-1201 refund claim

FEIN or SSN (No dashes)

OFFICE USE ONLY

Refund for Calendar Year

2016

IMPORTANT: You must complete all applicable Lines and Parts on this claim to receive a refund.

Part 1. Gallonage Accountability

1. Beginning inventory of tax-paid motor fuel on hand at first of year
2. Total gallons of tax-paid motor fuel purchased during 2016
3. Total gallons of tax-paid motor fuel to be accounted for
(Add Lines 1 and 2; must equal Line 7)
4. Total gallons of tax-paid motor fuel used in off-highway equipment for which refund is requested
5. Total gallons of tax-paid motor fuel used in licensed vehicles for which no refund is requested
6. Ending inventory of tax-paid motor fuel on hand at end of year
7. Total gallons of tax-paid motor fuel accounted for
(Add Lines 4, 5, and 6; must equal Line 3)

Motor Fuel that includes N.C. Road Tax

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.0

Part 2. Computation of Refund

8. Refund due on tax-paid motor fuel used in off-highway equipment
(Multiply Line 4 by \$0.3450)
9. Total gallons of motor fuel used in nonhighway equipment for which sales tax is due
10. Sales tax due
(Multiply Line 9 by \$0.1651)
11. Total gallons of motor fuel used in commercial fishing, commercial logging, railroads, farming, and ocean-going vessels for which no sales tax is due
12. Total Refund Due
(Line 8 minus Line 10)

8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
12.	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>

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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	If 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 18, 2017.

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) 733-8654