

# GAS-1200

## Motor Fuels Claim for Refund Nonprofit Organizations

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-1200 refund claim  
 Amended refund claim  
 Final refund claim for organization

**FEIN or SSN** OFFICE USE ONLY  
 \_\_\_\_\_

**Refund for Quarter Ending**

September 30, 2018  
 December 31, 2018

**Type of organization claiming refund:**

Volunteer Fire Department  
 Volunteer Rescue Squad  
 Sheltered Workshop  
 Private, nonprofit organization transporting passengers under contract

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

Number of paid fire fighters employed with the volunteer fire department: \_\_\_\_\_

**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 for which refund is requested	4. _____ .0
5. Total gallons of tax-paid motor fuel used 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 (Multiply Line 4 by \$0.341) 8. \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that, to the best of my knowledge, this claim is accurate and complete.

For Office Use Only

Claims for Refund are due the last day of the month following the close of the quarter.