



Instructions For Handwritten Forms

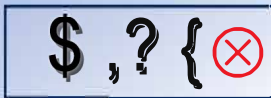
Guidelines



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



Do not use dollar signs, commas, or other punctuation marks.



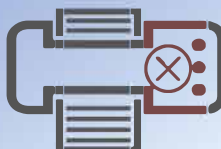
Printing



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-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 () _____

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: _____

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, 2020

December 31, 2020

Type of organization claiming refund:

Volunteer Fire Department

Volunteer Rescue Squad

Sheltered Workshop

Private, nonprofit organization transporting passengers under contract

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 \$0.351) 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.