

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

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

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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 2016 N.C. Income Tax Return
 - Filed 2016 Gas-1201 refund claim

FEIN or SSN (No dashes) OFFICE USE ONLY

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Refund for Calendar Year
2017

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

Part 1. Gallonage Accountability

- Beginning inventory of tax-paid motor fuel on hand at first of year
- Total gallons of tax-paid motor fuel purchased during 2017
- Total gallons of tax-paid motor fuel to be accounted for
(Add Lines 1 and 2; must equal Line 7)
- Total gallons of tax-paid motor fuel used in off-highway equipment for which refund is requested
- Total gallons of tax-paid motor fuel used in licensed vehicles for which no refund is requested
- Ending inventory of tax-paid motor fuel on hand at end of year
- 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"/>	.0
▶ 2.	<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"/>	.0
▶ 4.	<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"/>	.0
▶ 6.	<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"/>	.0

Part 2. Computation of Refund

- Refund due on tax-paid motor fuel used in off-highway equipment
(Multiply Line 4 by \$0.343)
- Total gallons of motor fuel used in nonhighway equipment for which sales tax is due
- Sales tax due
(Multiply Line 9 by \$0.157)
- Total gallons of motor fuel used in commercial fishing, commercial logging, railroads, farming, ocean-going vessels, and manufacturing for which no sales tax is due
- Total Refund Due
(Line 8 minus Line 10)

8.	<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"/>	.0
10.	<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"/>	.0
12. \$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.

For Office Use Only

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 17, 2018.

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