

GAS-1206 Motor Fuel Claim for Refund Exempt Entities

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
 () _____

Fill in applicable circles:

Address has changed since prior refund claim

First refund claim

Amended refund claim

Final refund claim for closed business

FEIN or SSN - (No dashes) OFFICE USE ONLY

Return for Month of
 _____ - _____
 (Month) (Year)

IMPORTANT: Use a separate GAS-1206 for each type of exempt entity for which a refund is requested. You must complete all applicable Lines and Parts on this claim to receive a refund. Include tax-paid motor fuel invoices with this claim that show the North Carolina road tax. Invoices for fuel, such as fuel oil or dyed diesel fuel, that include sales tax are not eligible for refund and should not be submitted. The applicable tax rate used to calculate the refund due is published on the Department's website at: www.ncdor.gov. By submitting this claim for refund, the applicant agrees the fuel upon which the refund is claimed has been paid for or secured to the seller's satisfaction.

Type of Exempt Entity - Fill in applicable circle

U.S. Government

State of North Carolina

N.C. County, Municipal Corporation, Hospital Authority, or Joint Agency Services

N.C. Local Board of Education

N.C. Charter School

N.C. Community College

Part 1 - Distributor or Other Vendor

	Motor Fuel that includes N.C. Road Tax	Office Use Only
1. Gallons of tax-paid motor fuel sold to the exempt entity	1. _____ .0	_____
2. Gallons on which tare allowance received (Licensed Distributors and Licensed Importers multiply Line 1 by 1%; otherwise enter 0)	2. _____ .0	_____
3. Net gallons subject to refund (Line 1 minus Line 2)	▶ 3. _____ .0	_____
4. Total refund due (Multiply Line 3 by the applicable tax rate)	4. \$ _____	_____

Part 2 - Credit Card Company

5. Gallons of tax-paid motor fuel purchased by the exempt entity	▶ 5. _____ .0	_____
6. Total refund due (Multiply Line 5 by the applicable tax rate)	6. \$ _____	_____

Part 3 - Exempt Entity

7. Gallons of tax-paid motor fuel purchased by the exempt entity	▶ 7. _____ .0	_____
8. Total refund due (Multiply Line 7 by the applicable tax rate)	8. \$ _____	_____

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