

Instructions for Handwritten **Forms**

Guidelines



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









Do not use dollar signs, commas, or other punction 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."



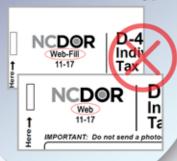
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





NCDOR Web 1-25 GAS-1200 Motor Fuels Claim for Refund Nonprofit Organizations

Legal Na	ame (First 30 Characters) (USE CAPITA	L LETTERS FOR YOUR NAME AND ADDRESS)			Fill in applicab	lo oirelee:		
Toronto Ma					Fill in applicab Address has	changed since prior refund claim		
Trade Na	ame				_	g GAS-1200 refund claim		
					Amended ref			
Location	1	County				claim for organization OFFICE USE		
					FEIN	or SSN OFFICE USE ONLY		
Mailing A	Address							
					Pofund f			
City		State	State Zip Code (First 5 digits			Refund for Quarter Ending March 31, 2025 September 30, 2025		
					June 30, 202			
Name of	f Contact Person	Phone Number	Fax Number		Type of organiz	zation claiming refund:		
						e Department		
NI		15			Volunteer Re	•		
Number of vehicles using motor fuel for which a refund is requested on Line 4:					Sheltered Workshop			
Number of paid fire fighters employed with the volunteer fire department:					Private, nonprofit organization transporting passengers under contract			
		-						
Part	1. Gallonage Acco					ply to dyed diesel fuel and		
		dyed kerosene d	on which sales	tax was pa	ııa.			
					I	otor Fuel that		
					inciu	des N.C. road tax		
1.	Reginning inventory of tax	α-paid motor fuel on hand at first day	v of quarter		1 .	•		
••	beginning inventory or tax	r para motor raci on nana at mot aa	y or quarter		· · · · · · · · · · · · · · · · · · ·	0		
2.	Total gallons of tay-paid m	notor fuel purchased during quarter			. 0			
	Total gallons of tax-paid if	iotor ruer parenasea daring quarter			2.	0		
3	3. Total gallons of tax-paid motor fuel to be accounted for				,	,		
•	(Add Lines 1 and 2) (Must e				3.	.0		
								
4. Total gallons of tax-paid motor fuel for whi		notor fuel for which refund is reques	hich refund is requested			.0		
					-			
5.	Total gallons of tax-paid m	notor fuel used for which no refund i	is requested		5 .	.0		
								
6.	Ending inventory of tax-pa	aid motor fuel on hand at end of qua	rter		6.	0		
		•			-,-	.0		
7.	7. Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)				7.			
						0		
Dart	2. Computation of	f Refund						
ı art	z. Computation of	rterana						
8.	Refund Due			8.	\$			
	(Multiply Line 4 by \$0.393)			0.	Ψ	,		
Signature: Title:			Title			-4		
I certify that, to the best of my		knowledge, this claim is accurate and complete.			b	ate:		
Clain	ns for Refund are due t	the last day of the month follow	owing the clo	ose of the	quarter.			
For Offi	ce Use Only							
		MAIL TO:	f Doverns	QUESTIC		Nivision at:		
		North Carolina Department of Excise Tax Division	revenue		he Excise Tax D e Number	919) 707-7500 (919)		
		3301 Terminal Drive, Suite 12		Toll Free	Number	(877) 308-9092		
		Raleigh, North Carolina 2760	4	Fax Num	per	(919) 250-7898		