

### 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."



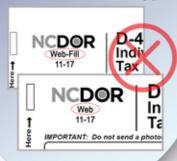
## **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# NCDOR Web 1-25 GAS-1201Q Motor Fuels Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

Legair	Name (First 30 Characters) (USE CAPITAL LETTERS FOR Y	OUR NAME AND ADDRESS	5)	Fill in applicable circles:	
Trade Name Street Address County				Address has changed since prior refund claim First time filing GAS-1201Q refund claim Amended refund claim Final refund claim for closed business	
Mailing	g Address			FEIN or SSN (No das	shes) OFFICE USE ONLY
City		State	Zip Code (First 5 digits)		
				Refund for Quarte	er Ending
Name	of Contact Person	Phone Number	Fax Number	March 31, 2025 June 30, 2025 September 30, 2025 December 31, 2025	
Rusine	ess or Activity for which Refund is Claimed				
Dusine	33 of Activity for which refund is Grainfed				
	RTANT: You must complete all applicable Lines at	nd Parts on this claim t	to receive a refund.		
Part	1. Gallonage Accountability			No.	Freel that
					or Fuel that s N.C. Road Tax
1.	Beginning inventory of tax-paid motor fue	l on hand at first da	y of the quarter	1.	0
2.	Total gallons of tax-paid motor fuel purcha	ased during the qua	rter	<b>&gt;</b> 2.	0
3.				3.	.,
4.	(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			<b>▶</b> 4.	0
5.	Total gallons of tax-paid motor fuel used in licensed vehicles for which no refund is requested		5.		
6.	Ending inventory of tax-paid motor fuel on hand at end of the quarter			6.	.0.
7.	Total gallons of tax-paid motor fuel accounted for (Add Lines 4, 5, and 6; must equal Line 3)			7.	.0
Part	2. Computation of Refund				
8.	Refund due on tax-paid motor fuel used in (Multiply Line 4 by \$0.403)	n off-highway equipr	nent	8.	
9.	Total gallons of motor fuel used in nonhighway equipment for which sales tax is due		9.	0	
10.	Sales tax due (Multiply Line 9 by \$0.251)		10.		
11.	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			<b>1</b> 11.	.,
12.	Total Refund Due (Line 8 minus Line 10)			12. \$	
For Off	fice 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 the last day of the month following the close of the quarter.

MAIL TO:

North Carolina Department of Revenue Excise Tax Division 3301 Terminal Drive, Suite 125 Raleigh, North Carolina 27604 **QUESTIONS:** 

Contact the Excise Tax Division at:
Telephone Number (919) 707-7500
Toll Free Number (877) 308-9092
Fax Number (919) 250-7898