

#### 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."



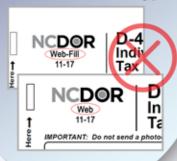
## **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# NCDOR Web 1-23 GAS-1200 Motor Fuels Claim for Refund Nonprofit Organizations

Legal Na	nme (First 30 Characters) (USE CAPITAL	LETTERS FOR YOUR NAME AND A	ADDRESS)				
Trade Name					Fill in applicable circles:  Address has changed since prior refund claim First time filing GAS-1200 refund claim		
					O Amended refu		
Location	ı	C	ounty		Final refund c	laim for organization	
					FEIN	or SSN OFFICE USE ONLY	
Mailing A	Address						
City		S	tate Zip Code	(First 5 digits)	Refund for	or Quarter Ending	
					O March 31,		
Name of	Contact Person	Phone Number	Fax Num	her	O June 30, 2	2023	
Traine or	Contact i erson		/ / /	\	Type of organiz	ation claiming refund:	
				)	Volunteer Fire	·	
Numbe	er of vehicles using motor fuel	for which a refund is requ	ested on Line 4:		Volunteer Res	•	
	·	·			Sheltered Wo	rofit organization transporting	
Numbe	er of paid fire fighters employe	ed with the volunteer fire	department:		passengers u		
		This also			lt -l	ha ka aharah aktarah Karibarah	
Part	1. Gallonage Acco		m applies to tax-pa osene on which sa			ly to dyed diesel fuel and	
		<u> </u>		· ·		atau Frial that	
						otor Fuel that des N.C. road tax	
1.	Beginning inventory of tax-	paid motor fuel on hand a	t first day of quarter		<b>1</b> .	Λ	
					<del>- , .</del>	.0	
2. Total gallons of tax-paid motor fuel purchased during quarter					2.	•	
	=				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		
					-	<del></del>	
4.	4. Total gallons of tax-paid motor fuel for which refund is requested				<b>4</b> .	.0	
					-		
_	5. Total gallons of tax-paid motor fuel used for which no refund is requested				<b>5</b> .	0	
J.	o. Total gallons of tax-paid motor fact used for which no retailed is requested					.0	
c	Ending inventory of tay noi	d mater firel on band at ar	ad of accounts		. 6		
6.	Ending inventory of tax-paid	u motor luei on nand at er	id of quarter		6.	.0	
7.	Total gallons of motor fuel a	accounted for				,	
7.	(Add Lines 4, 5, and 6) (Must equal Line 3)				7.	.0	
		·				<del> </del>	
<u>Part</u>	2. Computation of	Refund					
8.	Refund Due				Φ.		
0.	(Multiply Line 4 by \$0.395)			8.	\$		
						<del></del>	
Signature: I certify that, to the best of my knowledge, this claim is accurate			Title:		Da	ate:	
<b>.</b>							
Clain	ns for Refund are due th	ie last day of the moi	nth following the	close of the	quarter.		
For Offic	ce Use Only	MAII TO		0115051	ONG.		
		MAIL TO: North Carolina Depar	tment of Revenue	QUESTIC Contact t	ONS: he Excise Tax D	ivision at:	
		Excise Tax Division		Telephon	e Number	(919) 707-7500	
		3301 Terminal Drive, Raleigh, North Caroli	Suite 125 na 27604	Toll Free Fax Num	number ber	(877) 308-9092 (919) 250-7898	