

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."



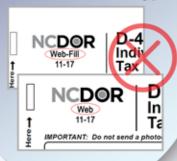
Before Sending



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	ame (First 30 Characters) (USE CAPITAL	L LETTERS FOR YOUR NAME AND ADDRESS)			
			Fill in applicable circles:		
Trade Name				Address has changed since prior refund claim	
					ng GAS-1200 refund claim
				O Amended ref	
Location County					claim for organization OFFICE USE
				FEIN	or SSN OFFICE USE ONLY
Mailing A	Address				
				Pofund f	or Quarter Ending
City State		State Zip Code	Zip Code (First 5 digits) September 30, 2023		
				O December	
Name of	f Contact Person	Phone Number Fax Num	ber	Type of organic	zation claiming refund:
)	1	e Department
				Volunteer Re	·
Numb	er of vehicles using motor fuel	I for which a refund is requested on Line 4:		Sheltered We	•
				_	profit organization transporting
Numb	er of paid fire fighters employ	red with the volunteer fire department:		passengers	under contract
		This claim applies to tax-pa	id motor fuel	It does not an	oly to dyed diesel fuel and
Part	1. Gallonage Acco	ountability - dyed kerosene on which sal			
					lotor Fuel that
					des N.C. road tax
				<u></u>	
1.	Beginning inventory of tax-	-paid motor fuel on hand at first day of quarter		1.	0
2.	Total gallons of tax-paid me	otor fuel purchased during quarter		2.	•
	3	3 1		2.	0
3.	Total gallons of tax-paid me	otor fuel to be accounted for			*
٥.	(Add Lines 1 and 2) (Must eq			3.	.0
					
4.	Total gallons of tax-paid me	otor fuel for which refund is requested		4.	^
		•			.0
					_
5.	Total gallons of tax-paid me		5.	.0	
6.	Ending inventory of tax-pair	id motor fuel on hand at end of quarter		6.	.0
					. , . ·
7.	Total gallons of motor fuel			7.	•
	(Add Lines 4, 5, and 6) (Musi	t equal Line 3)			0
Part	2. Computation of	Refund			
8.	Refund Due (Multiply Line 4 by \$0.395)		8.	\$	
	(Mulliply Line 4 by \$0.395)			·	
Signature: Title:				n	ate:
Jigilati	I certify that, to the best of my	y knowledge, this claim is accurate and complete.			
Clain	ns for Refund are due tl	he last day of the month following the	close of the	quarter.	
For Offi	ce Use Only				
		MAIL TO:	QUESTI		
		North Carolina Department of Revenue Excise Tax Division		the Excise Tax D	
		3301 Terminal Drive, Suite 125		ne Number Number	(919) 707-7500 (877) 308-9092
		Raleigh, North Carolina 27604	Fax Num		(919) 250-7898