

#### 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."



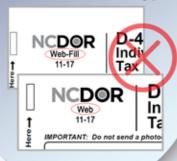
## **Before** Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





# NCDOR Web 1-24 GAS-1200 Motor Fuels Claim for Refund Nonprofit Organizations

Legal Na	me (First 30 Characters) (USE CAPIT	TAL LETTERS FOR YOUR NAME AND ADDRESS)		[	Fill in applicable	le circles:	
Trade Name					Address has changed since prior refund claim		
Trade it					_	ig GAS-1200 refund claim	
					Amended ref     Final refund (	und claim claim for organization	
Location	<u> </u>	County				or SSN OFFICE USE	
Mailing	Nadalas as				FEIN	ONLY ONLY	
Mailing A	Audress						
City		State	Zip Code (First	5 digits)	Refund f	or Quarter Ending	
				o digita)	O March 31		
Name of	Contact Person	Phone Number	Fax Number		O June 30,	2024	
Traine of	Contact i eraon	/ Indie Kullider	/ ax Number		Type of organiz	zation claiming refund:	
						e Department	
Numb	er of vehicles using motor fu	el for which a refund is requested on	Line 4:		<ul><li>Volunteer Re</li><li>Sheltered Wo</li></ul>	•	
					Private, nonprofit organization transporting		
Numb	er of paid fire fighters emplo	oyed with the volunteer fire departme	ent:			under contract	
		This claim annie	es to tay-naid m	otor fuel I	t does not ann	bly to dyed diesel fuel and	
Part	1. Gallonage Acc	ountability - dyed kerosene d				by to dyed dieser ider and	
		•		•		otor Fuel that	
					l l	des N.C. road tax	
1.	Beginning inventory of ta	x-paid motor fuel on hand at first day	y of quarter	)	<b>1</b> .	0	
2.	Total gallons of tax-paid r	motor fuel purchased during quarter		ì	2.	0	
				,			
3.		notor fuel to be accounted for	counted for			0	
	(Add Lines 1 and 2) (Must o	equal Line 7)			3.	.0	
4	Total rollons of toy noid :	mater fivel for which refund is require	. 4 a al		. 4		
4.	rotal gallons of tax-paid i	motor fuel for which refund is reques	stea		4.	0	
5.	Total gallons of tax-paid	is requested	)	5.	.0		
						7	
6. Ending inventory of tax-paid motor fuel on hand at end of quarte			rter	)	6.	0	
					- 7	<del>, ,</del>	
7.	7. Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)				7.	0	
	(Add Ellies 4, 5, and 5) (Mic	ist equal Line 3)			- 7	0	
Part	2. Computation of	of Refund					
•	Pofund Duo				Φ		
8.	Refund Due (Multiply Line 4 by \$0.394)			8.	\$		
						• • • • • • • • • • • • • • • • • • • •	
Signati	ire:		Title:	Date:			
O! - '	- · · · · · · · · · · · · · · · · · · ·	my knowledge, this claim is accurate and o	-				
Clain	is for Refund are due	the last day of the month follo	owing the clos	se of the o	quarter.		
For Offi	ce Use Only	MAIL TO:		QUESTIO	MS.		
		North Carolina Department of	f Revenue		איס: ne Excise Tax D	Division at:	
		Excise Tax Division		Telephone		(919) 707-750(	
		3301 Terminal Drive, Suite 12 Raleigh, North Carolina 2760		Toll Free I		(877) 308-9092 (919) 250-7898	