

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."



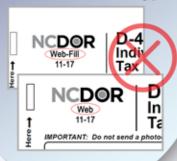
Before Sending



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

Location County Mailing Address City State Zip Code (First 5 digits) Name of Contact Person Phone Number Fax Number Type Number of vehicles using motor fuel for which a refund is requested on Line 4: Number of paid fire fighters employed with the volunteer fire department:	Address has changed since prior refund claim First time filing GAS-1200 refund claim Amended refund claim Final refund claim Final refund claim for organization FEIN or SSN OFFICE USE ONLY Refund for Quarter Ending September 30, 2024 December 31, 2024 of organization claiming refund: Volunteer Fire Department Volunteer Rescue Squad Sheltered Workshop Private, nonprofit organization transporting passengers under contract By not apply to dyed diesel fuel and Motor Fuel that includes N.C. road tax
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Part 1. Gallonage Accountability - dyed kerosene on which sales tax was paid.	
	includes N.C. road tax
Beginning inventory of tax-paid motor fuel on hand at first day of quarter	
2. Total gallons of tax-paid motor fuel purchased during quarter	.0
3. Total gallons of tax-paid motor fuel to be accounted for (Add Lines 1 and 2) (Must equal Line 7)	.0
4. Total gallons of tax-paid motor fuel for which refund is requested	.0
5. Total gallons of tax-paid motor fuel used for which no refund is requested	.0
6. Ending inventory of tax-paid motor fuel on hand at end of quarter	0
7. Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)	
Part 2. Computation of Refund	
8. Refund Due (Multiply Line 4 by \$0.394) 8.	
Signature: Title: Title: To the less of my knowledge, this claim is accurate and complete.	Date:
Claims for Refund are due the last day of the month following the close of the quart	ter.
For Office Use Only	
MAIL TO: North Carolina Department of Revenue Excise Tax Division 3301 Terminal Drive, Suite 125 Raleigh, North Carolina 27604 Toll Free Numb	cise Tax Division at: nber (919) 707-7500 per (877) 308-9092 (919) 250-7898