Do Not Include This Page



# Instructions For Handwritten Forms

# Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



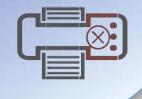
Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

1	

Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.





# NCDOR Web 1-22 GAS-1201 Motor Fuels Claim for Refund Tax-Paid Motor Fuel Used Off-Highway

Legal Name (	First 30 Characters)(USE CAPITAL LETT	ERS FOR YOUR NAME AND ADDRESS)			
				Fill in applicabl	e circles:
Trade Name				_	changed since prior refund claim
				<ul> <li>Amended ref</li> </ul>	ng GAS-1201 refund claim rund claim
Street Address	s	County			claim for closed business
				-	.C. Income Tax Return
Mailing Addre	SS				AS-1201 refund claim
				FEIN or SS	N (No dashes) OFFICE USE ONLY
City		State	Zip Code (First 5 digits)		
Name of Conta	act Person	Phone Number	Fax Number	Defends	
		( )	( )	Refund fo	or Calendar Year
Business or A	ctivity for which Refund is Claimed				2021
	: You must complete all applicabl		receive a refund.		
Part 1. C	Gallonage Accountability	1			
					Motor Fuel that includes N.C. Road Tax
1.	Reginning inventory of tax	paid motor fuel on hand at firs	st of yoar	▶ 1.	
1.	Beginning inventory of tax-		st of year	<b>•</b> 1.	.0
2.	Total gallons of tax-paid mo	tor fuel purchased during 202	21	2.	0.
3.	Total gallons of tax-paid mo (Add Lines 1 and 2; must equ			3.	.0
4.	Total gallons of tax-paid mo requested	tor fuel used in off-highway e	quipment for which refund i	<b>s</b> • 4.	.0
5.	Total gallons of tax-paid mo is requested	tor fuel used in licensed vehi	cles for which no refund	► 5.	.0
6.	Ending inventory of tax-paid	d motor fuel on hand at end o	f year	6.	.0
7.	Total gallons of tax-paid mo	tor fuel accounted for		7.	
	(Add Lines 4, 5, and 6; must e	equal Line 3)		7.	.0.
Part 2. C	Computation of Refund				
8.	Refund due on tax-paid mot (Multiply Line 4 by \$0.361)	or fuel used in off-highway eo	quipment	8.	
9.	Total gallons of motor fuel u due	sed in nonhighway equipmer	nt for which sales tax is	▶ 9.	0.
10.	. Sales tax due (Multiply Line 9 by \$0.167)			10.	
11.	Total gallons of motor fuel u farming, ocean-going vessel	sed in commercial fishing, co s, and manufacturing for whi		<b>)</b> 11.	.0
12.	<b>Total Refund Due</b> (Line 8 minus Line 10)			12. \$	
					7

For Office 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 April 15, 2022.

## MAIL TO:

North Carolina Department of Revenue Excise Tax Division Post Office Box 25000 Raleigh, North Carolina 27640-0950

### **QUESTIONS:**

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