

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."



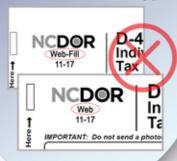
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





GAS-1201ME Motor Fuels Claim for Refund Special Mobile Equipment

Legal	Name (First 30 Characters) (USE CAPITAL LE	ETTERS FOR YOUR NAME AN	D ADDRESS)					
						Fill in applica	ble circles: changed since prior refund claim	
Trade	Name						ng GAS-1201ME refund claim	
Street	Address		County			O Amended ref	fund claim	
Otreet	Audiess		County			Final refund	claim for closed business	
Mailin	g Address					FEIN	N or SSN	
							-99	
City			State	Zip Code (First 5	i digits)			
						Refund for Quarter Ending		
Name of Contact Person		Phone Number		Fax Number		✓ March 31, 2025✓ June 30, 2025		
						September 30, 2025		
Number of vehicles using motor fuel for which a refund is requested on Line 4:						O December 31, 2025		
	t 1. Gallonage Accountability	. This claim applies to tay	, paid mater fiel	It does not apply	uto duod dioor	of fuel and dyad kara	cono on which color toy was paid	
	. 1. Gallonage Accountability	7 - This dailth applies to tax	-paid motor idei.	. It does not apply	y to dyed diese		serie on writon sales tax was palu.	
							Motor Fuel that includes N.C. road tax	
1.	Beginning inventory of tax-paid motor fuel on hand at first day of quarter					> 1.	.0	
2.	Total gallons of tax-paid motor fuel purchased during quarter					> 2.		
3.	Total gallons of tax-paid motor fuel to be accounted for (Add Lines 1 and 2) (Must equal Line 7)					3.	.0	
4.	Total gallons of tax-paid motor fuel used in special mobile equipment while operating off-road for which refund is requested					> 4.	.0	
5.	Total gallons of tax-paid motor fuel used while operating on road for which no refund is requested					> 5.	.0	
6.	Ending inventory of tax-paid motor fuel on hand at end of quarter					> 6.	.0	
7.	Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)					7.	.0	
Par	t 2. Computation of Refun							
8.	Refund due on tax-paid motor f							
0.	(Multiply Line 4 by \$0.403)	uei				8.		
9.	Deduct sales tax payable on mo (Multiply Line 4 by \$0.251)	otor fuel				9.		
10.	Total Refund Due (Line 8 minus Line 9)					10. \$		
Signature: Title: Title: To certify that, to the best of my knowledge, this claim is accurate and complete.						_ Date:		
J.g	I certify that, to the best of my kr	nowledge, this claim is acc	curate and com	plete.				
Clai	ms for Refund are due the	last day of the m	onth follow	ving the clo	se of the	quarter.		
For O	ffice Use Only							
		MAIL TO: North Carolina Dep Excise Tax Division 3301 Terminal Drive Raleigh, North Caro	e, Suite 125	devenue		he Excise Tax D le Number Number	Division at: (919) 707-750((877) 308-9092 (919) 250-7898	

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