

# 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.



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 LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Street Address  County

Mailing Address

City  State  Zip Code (First 5 digits)

Name of Contact Person  Phone Number  Fax Number

Number of vehicles using motor fuel for which a refund is requested on Line 4:

**Fill in applicable circles:**

Address has changed since prior refund claim

First time filing GAS-1201ME refund claim

Amended refund claim

Final refund claim for closed business

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**FEIN or SSN**

**-99**

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**Refund for Quarter Ending**

March 31, 2024

June 30, 2024

**Part 1. Gallonage Accountability** - This claim applies to tax-paid motor fuel. It does not apply to dyed diesel fuel and dyed kerosene on which sales tax was paid.

	Motor Fuel that includes N.C. road tax
1. Beginning inventory of tax-paid motor fuel on hand at first day of quarter	1. <input type="text"/> .0
2. Total gallons of tax-paid motor fuel purchased during quarter	2. <input type="text"/> .0
3. Total gallons of tax-paid motor fuel to be accounted for (Add Lines 1 and 2) (Must equal Line 7)	3. <input type="text"/> .0
4. Total gallons of tax-paid motor fuel used in special mobile equipment while operating off-road for which refund is requested	4. <input type="text"/> .0
5. Total gallons of tax-paid motor fuel used while operating on road for which no refund is requested	5. <input type="text"/> .0
6. Ending inventory of tax-paid motor fuel on hand at end of quarter	6. <input type="text"/> .0
7. Total gallons of motor fuel accounted for (Add Lines 4, 5, and 6) (Must equal Line 3)	7. <input type="text"/> .0

**Part 2. Computation of Refund**

8. Refund due on tax-paid motor fuel (Multiply Line 4 by \$0.404)	8. <input type="text"/>
9. Deduct sales tax payable on motor fuel (Multiply Line 4 by \$0.267)	9. <input type="text"/>
10. Total Refund Due (Line 8 minus Line 9)	10. \$ <input type="text"/>

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that, to the best of my knowledge, this claim is accurate and complete.

**Claims for Refund are due the last day of the month following the close of the quarter.**

For Office Use Only

**MAIL TO:**  
 North Carolina Department of Revenue  
 Excise Tax Division  
 3301 Terminal Drive, Suite 125  
 Raleigh, North Carolina 27604

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