

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-1206

Motor Fuel Claim for Refund Exempt Entities

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
 () _____

Fill in applicable circles:

Address has changed since prior refund claim

First refund claim

Amended refund claim

Final refund claim for closed business

FEIN or SSN - (No dashes) OFFICE USE ONLY

Return for Month of
 _____ - _____
 (Month) (Year)

IMPORTANT: Use a separate GAS-1206 for each type of exempt entity for which a refund is requested. You must complete all applicable Lines and Parts on this claim to receive a refund. Include tax-paid motor fuel invoices with this claim that show the North Carolina road tax. Invoices for fuel, such as fuel oil or dyed diesel fuel, that include sales tax are not eligible for refund and should not be submitted. The applicable tax rate used to calculate the refund due is published on the Department's website at: www.ncdor.gov. By submitting this claim for refund, the applicant agrees the fuel upon which the refund is claimed has been paid for or secured to the seller's satisfaction.

Type of Exempt Entity - Fill in applicable circle

U.S. Government

State of North Carolina

N.C. County, Municipal Corporation, Hospital Authority, or Joint Agency Services

N.C. Local Board of Education

N.C. Charter School

N.C. Community College

Part 1 - Distributor or Other Vendor

| | Motor Fuel that includes N.C. Road Tax | Office Use Only |
|--|--|-----------------|
| 1. Gallons of tax-paid motor fuel sold to the exempt entity | 1. _____ .0 | _____ |
| 2. Gallons on which tare allowance received (Licensed Distributors and Licensed Importers multiply Line 1 by 1%; otherwise enter 0) | 2. _____ .0 | _____ |
| 3. Net gallons subject to refund (Line 1 minus Line 2) | ▶ 3. _____ .0 | _____ |
| 4. Total refund due (Multiply Line 3 by the applicable tax rate) | 4. \$ _____ | _____ |

Part 2 - Credit Card Company

| | | |
|---|---------------|-------|
| 5. Gallons of tax-paid motor fuel purchased by the exempt entity | ▶ 5. _____ .0 | _____ |
| 6. Total refund due (Multiply Line 5 by the applicable tax rate) | 6. \$ _____ | _____ |

Part 3 - Exempt Entity

| | | |
|---|---------------|-------|
| 7. Gallons of tax-paid motor fuel purchased by the exempt entity | ▶ 7. _____ .0 | _____ |
| 8. Total refund due (Multiply Line 7 by the applicable tax rate) | 8. \$ _____ | _____ |

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