

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."



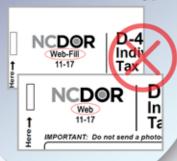
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





NCDOR GAS-1210 Web 1-23 Kerosene Claim for Refund

				Fill in applicable circles:
Trade Name			Address has changed since prior refund claim	
				First time filing GAS-1210 refund claim
				Amended refund claim
ocation County			Final refund claim for closed business	
				A a a a sunt Nismah a n
ailin	g Address			Account Number
:4		State	7in Code (First Edinits)	
ity		State	Zip Code (First 5 digits)	Return for Month of
				Month Year
ame	of Contact Person	Phone Number	Fax Number	
		Computatio	n of Refund	
	Undyed kerosene gallons sold for no (Add totals from GAS-1210DS, Schedules of Motor fuel road tax refund due	onhighway purposes	n of Refund	1.
		onhighway purposes	n of Refund	1.2.
!.	(Add totals from GAS-1210DS, Schedules 1) Motor fuel road tax refund due	onhighway purposes (Ol, 10L, and 10M)		·
2. 3.	(Add totals from GAS-1210DS, Schedules of Motor fuel road tax refund due (Multiply Line 1 by road tax rate) Tare allowance received	onhighway purposes (Ol, 10L, and 10M)		2 .
11. 22. 33.	(Add totals from GAS-1210DS, Schedules of Motor fuel road tax refund due (Multiply Line 1 by road tax rate) Tare allowance received (Licensed Distributors and Licensed Imported Total Refund Due	onhighway purposes (Ol, 10L, and 10M)		2.3.

Claims for Refund are due by the 22nd day after the end of each month.

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 (919) 250-7898 Fax Number