

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-1241 Motor Fuel Claim for Refund Licensed Distributor/Importer Hold Harmless

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 time filing Gas-1241 refund claim

Amended refund claim

Final refund claim for closed business

FEIN or SSN - (No dashes) OFFICE USE ONLY

_____ - **91**

Return for Month of

Month _____ Year _____

Part 1 - Computation of Hold Harmless Refund

1. Net gallons subject to the road tax based on law effective 1/1/96
(Enter gallons from Part 2, Line 28, Total Column) 1. _____
2. Road tax discount allowance gallons based on law effective 1/1/96
(Multiply Line 1 by 0.01.) 2. _____
3. Road tax discount allowance received from suppliers and returns filed
(Multiply Line 2 by the applicable road tax rate) 3. _____
4. Net gallons subject to the inspection tax based on law effective 1/1/96
(Enter gallons from Part 2, Line 29, Total Column) 4. _____
5. Inspection tax discount allowance gallons based on law effective 1/1/96
(Multiply Line 4 by 0.01.) 5. _____
6. Inspection tax discount allowance received from suppliers and returns filed
(Multiply Line 5 by \$0.0025) 6. _____
7. Net road and inspection tax discount allowance received from suppliers and returns filed
(Add Line 3 and Line 6) 7. _____
8. Net gallons subject to the road tax discount allowance based on law prior to 1/1/96
(Enter gallons from Part 2, Line 30, Total Column) 8. _____

9. Computation of road tax gallons subject to the discount allowance based on law prior to 1/1/96
(Using the chart below, calculate the discount allowance based on the gallons reported on Line 8.)

	Gallons Purchased Rate	Gallons Purchased	Discount Rate	Percentage Discount Gallons
9a.	First 150,000 gallons	_____	2%	9a. _____
9b.	Next 100,000 gallons	_____	1.5%	9b. _____
9c.	Amount over 250,000 gallons	_____	1%	9c. _____

- 9d. Total road tax gallons subject to the discount allowance based on law prior to 1/1/96
(Add Lines 9a, 9b, and 9c.) 9d. _____
10. Road tax discount allowance based on law prior to 1/1/96
(Multiply Line 9d by the applicable road tax rate) 10. _____
11. Net gallons subject to the inspection tax discount allowance based on law prior to 1/1/96
(Enter gallons from Part 2, Line 31, Total Column) 11. _____

12. Computation of inspection tax gallons subject to the discount allowance based on law prior to 1/1/96
(Using the chart below, calculate the discount allowance based on the gallons reported on Line 11.)

	Gallons Purchased Rate	Gallons Purchased	Discount Rate	Percentage Discount Gallons
12a.	First 150,000 gallons	_____	2%	12a. _____
12b.	Next 100,000 gallons	_____	1.5%	12b. _____
12c.	Amount over 250,000 gallons	_____	1%	12c. _____

- 12d. Total inspection tax gallons subject to the discount allowance based on law prior to 1/1/96.
(Add Lines 12a, 12b, and 12c.) 12d. _____
13. Inspection tax discount allowance based on law prior to 1/1/96
(Multiply Line 12d by \$0.0025) 13. _____
14. Net road and inspection tax discount allowance based on law prior to 1/1/96
(Add Line 10 and Line 13) 14. _____
15. Net discount allowance refund due
(Compare Line 7 and Line 14. If Line 7 is greater than Line 14, enter 0. If line 7 is less than Line 14, subtract Line 7 from Line 14 and enter the result.) 15. \$ _____

Signature: _____ Title: _____ Date: _____

I certify that to the best of my knowledge this return is accurate and complete.

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
Fax Number (919) 250-7898

