

Motor Fuels Claim for Refund Nonprofit Organizations

North Carolina Department of Revenue

MFD

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Location 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:

Number of paid fire fighters employed with the volunteer fire department:

Fill in applicable circles:

Address has changed since prior refund claim

First time filing Gas-1200 refund claim

Amended refund claim

Final refund claim for organization

FEIN or SSN OFFICE USE ONLY

Refund for Quarter Ending

March 31, 2007

June 30, 2007

Type of organization claiming refund:

Volunteer Fire Department

Volunteer Rescue Squad

Sheltered Workshop

Private, nonprofit organization transporting passengers under contract

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. _____ .0
2. Total gallons of tax-paid motor fuel purchased during quarter	▶	2. _____ .0
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 for which refund is requested	▶	4. _____ .0
5. Total gallons of tax-paid motor fuel used 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

Part 2. Computation of Refund

8. Refund Due (Multiply Line 4 by \$0.289) 8. \$ _____

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.
MAIL TO:
North Carolina Department of Revenue, Motor Fuels Tax Division, Post Office Box 25000, Raleigh, North Carolina 27640-0950

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Gas 1200
Web
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General Information

Section 105-449.106 of the General Statutes provides for a refund of the road tax on motor fuels for any of the entities listed at the top right-hand side of Page 1.

Applications for refund must be affirmed from volunteer fire department, volunteer rescue squad or sheltered workshop by the chief, president, or other duly designated officer or agent. Applications from private nonprofit organizations must be signed by the chief operating officer or manager.

The Department will not require fuel purchase Invoices to be submitted with the refund return but reserves the right to require invoices with refund returns in the future. Please retain the fuel purchase invoices with your records in the event you are audited. Motor fuels purchased and sold to employees, members, returned to vendor or used for other than official use are not eligible for refund.

Refunds filed more than 3 years after the due date will not be accepted.

Part 1 - Gallonage Accountability

Line 1 - Beginning inventory of tax-paid motor fuel on hand at first day of the quarter

Enter the beginning inventory of tax-paid motor fuel at the first of the quarter. This figure includes gasoline, undyed diesel and undyed kerosene. Round all gallons to the nearest whole gallon. If this is the first claim filed, attach purchase invoices to support gallons on hand at the beginning of the quarter.

Line 2 - Total gallons of tax-paid motor fuel purchased during the quarter

Enter the total gallons of tax-paid motor fuel purchased during the quarter. This figure includes gasoline, undyed diesel and undyed kerosene. Round all gallons to the nearest whole gallon.

Line 3 - Total gallons of tax-paid motor fuel to be accounted for

Add Lines 1 and 2. Line 3 must equal Line 7.

Line 4 - Total gallons of tax-paid motor fuel which a refund is requested

Enter the total number of gallons of tax-paid motor fuel used by volunteer fire departments, volunteer rescue squads, and sheltered workshops. Round all gallons to the nearest whole gallon.

Line 5 - Total gallons of tax-paid motor fuel used for which no refund is requested

Enter the total number of gallons of tax-paid motor fuel used for which no refund is requested. Nonhighway use of tax-paid fuels by private nonprofit transportation services should be shown on Gas-1201, Line 4. Round all gallons to the nearest whole gallon.

Line 6 - Ending inventory of tax-paid motor fuel on hand at end of quarter

Enter the ending inventory of tax-paid motor fuel at the end of the quarter. This figure includes gasoline, undyed diesel and undyed kerosene. Round all gallons to the nearest whole gallon.

Line 7 - Total gallons of tax-paid motor fuel accounted for

Add Lines 4, 5, and 6. Line 7 must equal Line 3.

Part 2 - Computation of Refund

Line 8 - Refund Due on Tax-paid Motor Fuel

Multiply Line 4 by applicable tax rate.

Penalty

G.S. 105-449.120(a)(5) Penalty for False Statement. Any person who makes a false statement in an application for refund is guilty of a Class 1 misdemeanor.

MAIL TO:

North Carolina Department of Revenue
Motor Fuels Tax Division
Post Office Box 25000
Raleigh, North Carolina 27640-0950

QUESTIONS:

Contact the Motor Fuels Tax Division at:
Telephone Number (919) 733-3409
Toll Free Number (877) 308-9092
Fax Number (919) 733-8654