GAS-1210
1-08

Kerosene Claim for Refund

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

Fill in applicable circles:

- ○ Address has changed since prior refund claim
- ○ First time filing Gas-1210 refund claim
- ○ Amended refund claim
- ○ Final refund claim for closed business

Account Number

Return for Month of

Month – **Year**

Computation of Refund

1. **Undyed kerosene gallons sold for nonhighway purposes**
   (Add totals from Gas 1210DS, Schedules 10I, 10J, 10L, and 10M) ▶ 1.
2. **Motor fuel road tax refund due**
   (Multiply Line 1 by road tax rate) ▶ 2.
3. **Tare allowance received**
   (Licensed Distributors and Licensed Importers multiply Line 2 by 1% (0.01), otherwise enter 0.) ▶ 3.
4. **Total Refund Due**
   (Line 2 minus Line 3) 4. $

Signature and Title: _____ **Date:** _____

I certify that, to the best of my knowledge, this claim 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
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