

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
9a.	First 150,000 gallons
9b.	Next 100,000 gallons
9c.	Amount over 250,000 gallons

	Gallons Purchased	Discount Rate
	<input style="width: 40px; height: 15px;" type="text"/>	2%
	<input style="width: 40px; height: 15px;" type="text"/>	1.5%
	<input style="width: 40px; height: 15px;" type="text"/>	1%

	Percentage Discount Gallons
9a.	<input style="width: 40px; height: 15px;" type="text"/>
9b.	<input style="width: 40px; height: 15px;" type="text"/>
9c.	<input style="width: 40px; height: 15px;" type="text"/>

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
12a.	First 150,000 gallons
12b.	Next 100,000 gallons
12c.	Amount over 250,000 gallons

	Gallons Purchased	Discount Rate
	<input style="width: 40px; height: 15px;" type="text"/>	2%
	<input style="width: 40px; height: 15px;" type="text"/>	1.5%
	<input style="width: 40px; height: 15px;" type="text"/>	1%

	Percentage Discount Gallons
12a.	<input style="width: 40px; height: 15px;" type="text"/>
12b.	<input style="width: 40px; height: 15px;" type="text"/>
12c.	<input style="width: 40px; height: 15px;" type="text"/>

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
Post Office Box 25000
Raleigh, North Carolina 27640-0950

QUESTIONS:
Contact the Excise Tax Division at:
Telephone Number (919) 707-7500
Toll Free Number (877) 308-9092
Fax Number (919) 733-8654

