

GAS-1204 Motor Fuel Terminal Operator Return

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name of Terminal

City and State Address of Terminal

Terminal Code

Mailing Address

City

State

Zip Code (First 5 digits)

Fill in applicable circles:

- Address has changed since prior return
 Amended return
 Final return for closed business

Return for Month of

(Month) - (Year)

FEIN or SSN

FEIN SSN

ACCOUNT NUMBER

Name of Contact Person

Phone Number

Fax Number

Fuel Accountability

1. **Beginning physical inventory**
(From prior month's ending physical inventory) ▶ 1.
2. **Total receipts**
(From GAS-1204RS, Schedule 15A) 2.
3. **Total gallons available for removal**
(Add Lines 1 and 2) 3.
4. **Low sulfur dyed diesel disbursements**
(From GAS-1204DS, Schedule 15B) 4.
5. **Total of other fuel disbursements**
(From GAS-1204DS, Schedule 15B) 5.
6. **Gallons available less disbursements**
(Line 3 minus Lines 4 and 5) 6.
7. **Stock (gain)/loss**
(Line 6 minus Line 8) 7.
8. **Ending physical inventory**
(Should be next month's beginning physical inventory) ▶ 8.
9. **Late filing penalty**
(Enter \$50.00 per day if filed late, maximum of \$1,000) 9.
10. **Electronic filing penalty**
(Enter \$200.00 if not filed electronically) 10.
11. **Total penalties**
(Add Lines 9 and 10) 11.

Gasoline	Undyed Diesel	Dyed Diesel	Undyed Kerosene	Dyed Kerosene	Jet Fuel	Aviation Gasoline
						\$

Signature: _____ Title: _____ Date: _____

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

Terminal Operator returns 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