

# GAS-1209 Terminal Operator Annual Return

Legal Name of Terminal Operator (First 45 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (First 5 digits) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (First 5 digits) \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

FOR OFFICE USE ONLY

Fill in applicable circles:

- Amended return  
 Final return for closed business

Terminal Control Number

T- - - - -

Account Number

\_\_\_\_\_

Return for Calendar Year  
**2019**

Computation of Tax	Gasoline	Undyed Diesel	Dyed Diesel	Undyed Kerosene	Dyed Kerosene	Jet Fuel	Aviation Gasoline	Total
1. Net gallons (loss)/gain (From total on Page 2)	1.							
2. Total disbursements (From total on Page 2)	2.							
3. Acceptable loss (Multiply Line 2 by .005)	3.							
4. Taxable gallons (Line 1 minus Line 3; if zero or less, enter zero)	4.							
5. Road tax due (Multiply Line 4 by \$0.362)	5.							
6. Inspection tax due (Multiply Line 4 by \$0.0025)	6.							
7. Total road and inspection tax due (Add Lines 5 and 6)	7.							
8. Penalty for unaccounted for fuel (Enter amount from Line 7)	8.							
9. Penalty (See Instructions)	9.							
10. Interest (See Instructions)	10.							
11. Total amount due (Add Lines 7 through 10)	11.							\$

Return is due by February 14, 2020.

Any payment must be drawn on a U.S. (domestic) bank and payable in U.S. dollars.

**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

Yearly Summary of Transactions by Month <i>(From GAS-1204)</i>	Gasoline		Undyed Diesel		Dyed Diesel		Undyed Kerosene		Dyed Kerosene		Jet Fuel		Aviation Gasoline	
	Net Gallons (Loss)/Gain	Total Disbursements	Net Gallons (Loss)/Gain	Total Disbursements	Net Gallons (Loss)/Gain	Total Disbursements	Net Gallons (Loss)/Gain	Total Disbursements	Net Gallons (Loss)/Gain	Total Disbursements	Net Gallons (Loss)/Gain	Total Disbursements	Net Gallons (Loss)/Gain	Total Disbursements
January														
February														
March														
April														
May														
June														
July														
August														
September														
October														
November														
December														
Totals <i>(To Line 1)</i>														

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that, to the best of my knowledge, this return is accurate and complete.