

GAS-1276 International Fuel Tax Agreement (IFTA) Return

FOR OFFICE USE ONLY
_____ / _____ / _____ _____
FEIN / SSN
_____ _____
NCDOR ID
_____ _____
Fill in applicable circles: <input type="radio"/> No Activity Return <input type="radio"/> Amended Return <input type="radio"/> Address has changed
Return for quarter of <input type="radio"/> Jan 1 - Mar 31 <input type="radio"/> Apr 1 - Jun 30 <input type="radio"/> Jul 1 - Sep 30 <input type="radio"/> Oct 1 - Dec 31 _____ (Year)

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

Mailing Address

City _____ **State** _____ **Zip Code** _____

Name of Contact Person

Phone Number _____ **Fax Number** _____

Email Address

Computation of Tax or (Credit) (Schedules A & B must be completed before you can determine tax liability or (credit) due.)

If amount on Line 1 or 4 is negative, fill in circle. Example:

1. Tax or (Credit) Due (Amount from Schedule B, Column 9)	▶	1.	<input type="radio"/>	_____
2. Penalty Due (See Instructions)	▶	2.	<input type="radio"/>	_____
3. Interest Due (Amount from Schedule B, Column 10)		3.	<input type="radio"/>	_____
4. Total Balance or (Credit) Due (Add Lines 1 through 3) (Refunds less than \$1.00 must be requested in writing.)		4.	\$ <input type="radio"/>	_____

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

IFTA returns are due by the last day of the month following the end of the quarter. Make check payable to: N.C. Department of Revenue. 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

