

GAS-1301 Motor Fuels Transporter Return

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:

Amended Report
 Final Report
 Address has changed since prior report

FEIN or SSN

FEIN SSN

Account Number

Return for Month of

Month Year

Computation of Net Gallons

1. Total gallons of motor fuels loaded at a North Carolina terminal or bulk plant and delivered to another state
(Attach GAS-1301DS, Schedule 14A) ▶ 1.
2. Total gallons of motor fuels loaded at an out-of-state terminal or bulk plant and delivered in North Carolina
(Attach GAS-1301DS, Schedule 14B) ▶ 2.
3. Total gallons of motor fuels loaded at a North Carolina terminal or bulk plant and delivered in North Carolina
(Attach GAS-1301DS, Schedule 14C) ▶ 3.
4. Total gallons of motor fuels transported
(Add Lines 1, 2, and 3) ▶ 4.
5. Penalty for late filing
(\$50.00) ▶ 5. \$.00

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

Reports are due by the 22nd day after the end of each month.

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