

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
2016

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 \$0.3450) 5.								
6. Inspection tax due (Multiply Line 4 by \$0.0025) 6.								
7. Total road and inspection tax due (Add Lines 5 & 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, 2017.

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.