



Supplier 10 Day Notification

North Carolina Department of Revenue

(To be filed within 10 days after the due date of the supplier return)

MFD

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

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Mailing Address

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City

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State

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Zip Code (First 5 digits)

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Phone Number

()

Fax Number

()

Return for Month of <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: 5px;"></div> </div> <p style="font-size: small; text-align: center;">(Month) (Year)</p>
FEIN or SSN - (No dashes) <small>OFFICE USE ONLY</small> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 130px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

Product Type

065 Gasoline	123 Alcohol	125 Aviation Gasoline	142 Kerosene - Undyed	227 Low Sulphur Dyed Diesel
072 Kerosene - Dyed	124 Gasohol	130 Jet Fuel	160 Diesel Fuel Undyed	241 Ethanol
122 Blended Components				244 Methanol

Account Number	Licensed Distributor Name	Product Type	Taxable Gallons	Amount Paid	Date Paid	Comments

This is to certify that this report has been examined by me and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month named and that same is in accordance with the books and records of the reporting trustee.

Signature: _____ **Title:** _____ **Date:** _____

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