

# GAS-1209 Motor Fuels 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  
**2015**

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 \$0.3638)	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, 2016.

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														
<b>Totals</b> <i>(To Line 1)</i>														

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that, to the best of my knowledge, this return is accurate and complete.