GAS-1209
1-11

Motor Fuel Terminal Operator Annual Return
North Carolina Department of Revenue

Trade Name of Terminal *(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

FOR OFFICE USE ONLY

Fill in applicable circles:
○ Amended return
○ Final return for closed business

Street Address of Terminal   City   State   Zip Code *(First 5 digits)*

Terminal Code

T - ☐☐ - ☐☐ - ☐☐☐☐

Legal Name of Terminal Operator *(First 45 Characters)*

Account Number

☐☐☐☐☐☐☐☐☐

Mailing Address

City   State   Zip Code *(First 5 digits)*

Return for Calendar Year
2010

Name of Contact Person   Phone Number ( )   Fax Number ( )

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 $0.3110)*	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, 2011.

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 (From GAS-1204)	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 (To Line 1)														

Signature: _____ Title: _____ Date: _____

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