

# Instructions for Handwritten Forms

## Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



## Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



## Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



# GAS-1204 Motor Fuel Terminal Operator Return

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

Trade Name of Terminal

City and State Address of Terminal

Terminal Code

Mailing Address

City

State

Zip Code (First 5 digits)

Fill in applicable circles:

- Address has changed since prior return
- Amended return
- Final return for closed business

Return for Month of

(Month) - (Year)

FEIN or SSN

FEIN  SSN

ACCOUNT NUMBER

Name of Contact Person

Phone Number

Fax Number

## Fuel Accountability

1. **Beginning physical inventory**  
(From prior month's ending physical inventory) ▶ 1.
2. **Total receipts**  
(From GAS-1204RS, Schedule 15A) 2.
3. **Total gallons available for removal**  
(Add Lines 1 and 2) 3.
4. **Low sulfur dyed diesel disbursements**  
(From GAS-1204DS, Schedule 15B) 4.
5. **Total of other fuel disbursements**  
(From GAS-1204DS, Schedule 15B) 5.
6. **Gallons available less disbursements**  
(Line 3 minus Lines 4 and 5) 6.
7. **Stock (gain)/loss**  
(Line 6 minus Line 8) 7.
8. **Ending physical inventory**  
(Should be next month's beginning physical inventory) ▶ 8.
9. **Late filing penalty**  
(Enter \$50.00 per day if filed late, maximum of \$1,000) 9.
10. **Electronic filing penalty**  
(Enter \$200.00 if not filed electronically) 10.
11. **Total penalties**  
(Add Lines 9 and 10) 11.

Gasoline	Undyed Diesel	Dyed Diesel	Undyed Kerosene	Dyed Kerosene	Jet Fuel	Aviation Gasoline
						\$

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

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

**Terminal Operator returns are due by the 22nd day after the end of each month.**

**MAIL TO:** North Carolina Department of Revenue  
Excise Tax Division  
3301 Terminal Drive, Suite 125  
Raleigh, North Carolina 27604

**QUESTIONS:** Contact the Excise Tax Division at:  
Telephone Number (919) 707-7500  
Toll Free Number (877) 308-9092  
Fax Number (919) 250-7898