

Instructions for Handwritten Forms

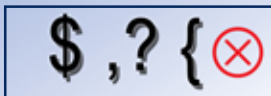
Guidelines



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."



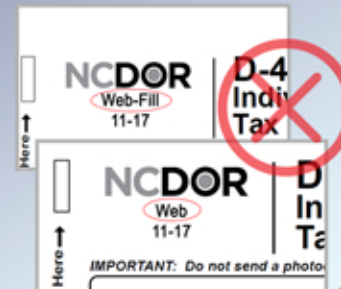
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



GAS-1254

Bulk End-User of Alternative Fuel

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name _____

Street Address _____ County _____

Mailing Address _____

City _____ State _____ Zip Code (First 5 digits) _____

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

Fill in applicable circles:

Address has changed since prior return

First time filing GAS-1254

Amended return

Final return for closed business

FEIN or SSN

Return for Quarter Ending

March 31 _____ Year

June 30 _____

September 30 _____

December 31 _____

Persons required to file this return: Any person who maintains storage facilities for propane, natural gas, or other alternative fuels and dispenses part or all of the fuel for highway purposes.

Part 1. Gallonage Accountability

		Column A Tax-paid Gallons Storage	Column B Gallons from Common Storage
1. Beginning inventory of gallons of alternative fuel on hand at first day of the quarter	▶ 1.	.0	.0
2. Total bulk gallons of alternative fuel purchased during the quarter (From Part 3)	▶ 2.	.0	.0
3. Total receipts of alternative fuel from other than bulk	▶ 3.	.0	.0
4. Alternative fuel gallons withdrawn from bulk storage and used in a highway vehicle (From Part 4, Line 4)	▶ 4.	.0	.0
5. Gallons sold to others for highway use	▶ 5.	.0	.0
6. Gallons sold or used for non-highway use	▶ 6.	.0	.0
7. Gains or losses (Add Lines 1 through 3 then subtract Lines 4, 5, 6, and 8)	7.	.0	.0
8. Ending inventory of alternative fuel on hand at end of the quarter	▶ 8.	.0	.0

Part 2. Computation of Tax

9. Total gallons subject to road and inspection taxes (From Column B, add Lines 4, and 5)	9.		.0
10. Alternative fuel road tax due (Multiple Line 9 by applicable road tax rate)	10.		
11. Alternative fuel inspection tax due (Multiple Line 9 by \$0.0025)	11.		
12. Adjustments (Attach explanation)	▶ 12.		
13. Net road and inspection taxes due (Add Lines 10, 11, and 12)	13.		
14. Penalty (See instructions)	▶ 14.		
15. Interest (See instructions)	▶ 15.		
16. Total Amount Due (Add Lines 13, 14 and 15)	16. \$		

Part 3. Bulk Receipts of Alternative Fuel

List all tax-paid bulk receipts of alternative fuel delivered to a on-highway storage facility and tax-free bulk receipts of alternative fuel that is delivered to a common storage facility. Do not list tax-free bulk receipts of alternative fuel delivered to a non-highway storage facility

Alternative Fuel Provider Information	First Month Gallons	Second Month Gallons	Third Month Gallons	Total Gallons Purchased
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Total tax-paid purchases (Should equal Part 1, Line 2, Column A)				
Total tax-free purchases (Should equal Part 1, Line 2, Column B)				

Part 4. Alternative Fuel Used in Interstate and Intrastate Operations

Indicate the miles and fuel for motor vehicles using alternative fuel that operated within and outside of North Carolina this quarter.

Motor Vehicles Using Alternative Fuels	Number of Vehicles	Total Miles Traveled	Total Gallons Used from Tax-paid Storage	Total Gallons Used from Common Storage
1. Vehicles with gross vehicle weight of 26,000 lbs. or under				
2. Vehicles that operate only within North Carolina and have either a gross vehicle weight over 26,000 lbs. or 3 axles				
3. Vehicles that operate in and out of North Carolina and have either a gross vehicle weight over 26,000 lbs. or 3 axles				
4. Total gallons withdrawn from bulk storage for highway use (Add Lines 1, 2, and 3. Should equal Part 1, Line 4)				

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Returns are due by the last day of the month following the close of the quarter.

NOTE: A penalty will be assessed against any bulk end-user of alternative fuels that fails to file this return by the due date of the return (G.S. 105.236(a)(3) and 105-236(a)(10)).

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