



Instructions For Handwritten Forms

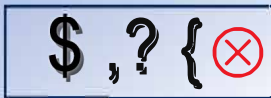
Guidelines



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



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



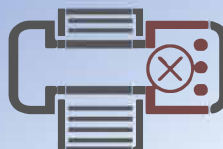
Printing



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



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



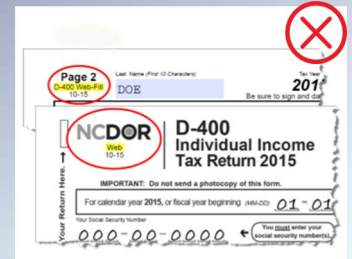
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



GAS-1288 Kerosene Supplier Return

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

Amended return

Final return for closed business

Account Number

Return for Month of

_____ - _____

(Month) (Year)

Part 1 - Fuel Accountability

	Kerosene	Jet Fuel	Aviation Gasoline	Total
1. Beginning physical inventory <i>(From prior month's ending physical inventory)</i>				
2. Receipts <i>(From GAS-1288RS, Schedules 1 and 4)</i>				
3. Gallons delivered to airports <i>(From GAS-1288DS, Schedule 5)</i>				
4. Transfers <i>(From one product to another)</i>				
5. Gain/(loss) <i>(Add Lines 1 and 2 then subtract Lines 3, 4, and 6)</i>				
6. Ending physical inventory				
7. Gross taxable gallons <i>(From Line 2)</i>				
8. Less: Tax-paid purchases <i>(Schedule 1)</i>				
9. Net gallons subject to inspection tax <i>(Line 7 minus Line 8)</i>				

Part 2 - Computation of Tax

10. Motor fuel inspection tax due <i>(Multiply Part 1, Line 9 by \$0.0025)</i>				
11. Adjustments <i>(See instructions)</i>				
12. Total inspection tax due <i>(Add Lines 10 and 11)</i>				
13. Penalty <i>(See instructions)</i>				
14. Interest <i>(See Instructions)</i>				
15. Total amount due <i>(Add Lines 12, 13, and 14)</i>				\$

Signature: _____ Title: _____ Date: _____

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

**Supplier returns are due by the 22nd day after the end of each month.
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) 250-7898