

GAS-1209 Terminal Operator Annual Return

Legal Name of Terminal Operator (First 45 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) Trade Name										FOR OFFICE USE ONLY			O Amende	turn for closed business
Maili	ing Address		City				Zip Code (First 5	i digits)				T-	nal Control Number	
Stre	et Address		City			State	Zip Code (First 5 digits)					Account Number		
Nam	ne of Contact Person			P	hone Number		Fax Number						Retur	n for Calendar Year 2018
	Computation of Tax		Gaso	line	Undyed Diesel	D	yed Diesel	Undy	ed Kerosen	e Dyed Kerosene	Jet Fuel	Aviatio	n 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.		5.												
6.	Inspection tax due (Multiply Line 4 by \$0.0025)	6.												
7.	Total road and inspection tax due (Add Lines 5 and 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	11.												\$

Return is due by February 14, 2019.

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

Page 2, GAS-1209, Web, 1-19

Yearly Summary	Gasoline		Undyed Diesel		Dyed Diesel		Undyed Kerosene		Dyed Kerosene		Jet Fuel		Aviation Gasoline	
Yearly Summary of Transactions by Month (From GAS-1204)	Net Gallons (Loss)/Gain	Total Disbursements												
January														
February														
March														
April														
Мау														
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.	_	_	-	