## Gas-1204 🍏 1-15

## Motor Fuel Terminal Operator Return North Carolina Department of Revenue

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)															
								Fill	in applicable circles:					FEIN or	SCN
Trade Name of Terminal City and State Address of Terminal Terminal Code							0	Address has changed since prior return     Amended return					O FEIN O SSN		
Mailing Address											Name				
Iviai	ning Address													Account	Number
City State					Zip Code (First 5 digits)			Phone Number Fa			Fax Number	Fax Number			
Fι	uel Accountability			Gasoline		U	ndyed Di	esel	Dyed Diesel	Undy	yed Kerosene	Dyed K	erosene	Jet Fuel	Aviation Gasoline
1.	<b>Beginning inventory</b> (From prior month's ending inventory )	▶ 1.													
2.	<b>Total receipts</b> (From Gas-1204RS, Schedule 15A)	2.													
3.	<b>Total gallons available for removal</b> (Add Lines 1 and 2)	3.													
4.	Low sulfur dyed diesel disbursements (From Gas-1204DS, Schedule 15B)	4.													
5.	<b>Total of other fuel disbursements</b> (From Gas-1204DS, Schedule 15B)	5.													
6.	Gallons available less disbursements (Line 3 minus Lines 4 and 5)	6.													
7.	<b>Stock <gain>/loss</gain></b> (Line 6 minus Line 8)	7.													
8.	Actual ending inventory (Should be next month's beginning inventory)	▶ 8.													
9.	Late Filing Penalty (Enter \$50.00 if filed after the due date of the return)	9.													\$
Signature:							ïtle:	le: Date:				MAIL TO:	Excise Tax Division Post Office Box 250	North Carolina Department of Revenue Excise Tax Division Post Office Box 25000 Raleigh, North Carolina 27640-0950	
I certify that, to the best of my knowledge, this return is accurate and complete.         Terminal Operator returns are due by the 22nd of each month.													QUESTION	IS: Contact the Excise T Telephone Number Toll Free Number Fax Number	ax Division at: (919) 707-7500 (877) 308-9092 (919) 733-8654