

Motor Fuel Terminal Operator Annual Return NORTH CAROLINA DEPARTMENT OF REVENUE

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Lega	al Name of Terminal Operatpr (First 45 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)														₁│ [₣]	FOR OFFICE USE ONLY							Fill in applicable circles: O Amended return																	
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Trad	de Name	e	-						-												•			•				1										closed bus		
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Mail	ling Add	dress									— բ	ity							¬ r⊓	State		\neg	Zip Co	ode (F	irst 5 dig	jits)	\neg	ıl							'-	. П	 ⁻L			
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Street Address City State Zip Code (First 5 digits)																		╽┌┱	\neg	1 1			$\neg \neg$																	
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Nam	ne of Co	ontact	Person										Ph	one Num	ber				L	ax Nı	umber							1							R	etur	n for	Calend	dar Ye	ar
Name of Contact Person																	1										011													
															<u> </u>				┙┖	'								L										<u> </u>		
			Compu	ıtatio	n of Tax	•				G	asolin	ie		ı	Undy	yed Die	esel		D	yed	Diese	el		U	ndyed	l Kero	osen	ne	,	Dyed Kerosene		Jet Fuel	-	Aviation	ո Gaso	line		Tot	al	
1.			s loss/ <g l on Page</g 					1.																																
2.			ursement on Page					2.																																
3.	Acce (Muli		e loss ine 2 by .0	005)				3.																																
4.	Taxa (Line		allons nus Line 3	; if zero	or less, e	nter ze	ero)	4.																																
5.	Road (Muli		due ine 4 by \$6	0.3375)				5.																																
6.	Insp (Mul	ectio Itiply L	tax due ine 4 by \$	0.0025)				6.																																
7.	Tota (Add	l road	and insp 5 & 6)	ection	tax due		•	7.																																
8.	Pena (Ente	alty fo	r unacco	unted f Line 7)	or fuel		•	8.																																
9.	Pena (See	alty e Instr	ıctions)				•	9.																																
10.	Inter (See		ıctions)				•	10.																																
11.			ount Due 7 through					11.																													\$			

Return is due by February 14, 2012.

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 Toll Free Number

(919) 707-7500 (877) 308-9092

Fax Number (919) 733-8654

Gas-1209

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Yearly Summary of Transactions by Month	G	asoline	Undy	red Diesel	Dye	ed Diesel	Undye	d Kerosene	Dyed	Kerosene	J	et Fuel	Aviation Gasoline		
Month (From Gas-1204)	Net Gallons Loss/ <gain></gain>	Total Disbursements													
January															
February															
March															
April															
May															
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.		