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-1301
Motor Fuels Transporter Return

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

Trade Name

Location
County

Mailing Address

City
State
Zip Code (First 5 digits)

Name of Contact Person
Phone Number
Fax Number

FEIN or SSN

Account Number

Return for Month of
Month Year

Computation of Net Gallons

1. Total gallons of motor fuels loaded at a North Carolina terminal or bulk plant and delivered to another state (Attach GAS-1301DS, Schedule 14A)

2. Total gallons of motor fuels loaded at an out-of-state terminal or bulk plant and delivered in North Carolina (Attach GAS-1301DS, Schedule 14B)

3. Total gallons of motor fuels loaded at a North Carolina terminal or bulk plant and delivered in North Carolina (Attach GAS-1301DS, Schedule 14C)

4. Total gallons of motor fuels transported (Add Lines 1, 2, and 3)

5. Late filing penalty (Enter $50.00 per day if filed late, maximum of $1,000)

6. Electronic filing penalty (Enter $200.00 if not filed electronically)

7. Total penalties (Add Lines 5 and 6)

$ 00.00

Signature and Title: __________________________ Date: ____________

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

Reports 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