



#### 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-1204 Motor Fuel Terminal Operator Return

Legal Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADD	DRESS)								
			Fill in	applicable circles:				FEIN	or SSN
Trade Name of Terminal				Address has changed since prior return		Return for Month of		I LIN OF SON	
			_ Am	ended return					
City and State Address of Terminal		Terminal Code	Final return for closed business		(Montl	(Month) (Year)		O FEIN	O SSN
Mailing Address			Name of Co	ontact Person				J	
								ACCOUN	IT NUMBER
City State		Zip Code (First 5 digits)	Phone Number		Fax Number	Fax Number			
Fuel Accountability	Gasoline	Undyed D	iesel	Dyed Diesel	Undyed Kerosene	Dyed Ke	erosene	Jet Fuel	Aviation Gasoline
Beginning physical inventory     (From prior month's ending physical inventory )  1.									
2. Total receipts (From GAS-1204RS, Schedule 15A) 2.									
3. Total gallons available for removal (Add Lines 1 and 2) 3.									
4. Low sulfur dyed diesel disbursements (From GAS-1204DS, Schedule 15B) 4.									
5. Total of other fuel disbursements (From GAS-1204DS, Schedule 15B) 5.									
6. Gallons available less disbursements (Line 3 minus Lines 4 and 5)									
7. Stock (gain)/loss (Line 6 minus Line 8)									
8. Ending physical inventory (Should be next month's beginning physical inventory) > 8.									
9. Late filing penalty (Enter \$50.00 per day if filed late, maximum of \$1,000)									
10. Electronic filing penalty (Enter \$200.00 if not filed electronically)									
11. Total penalties (Add Lines 9 and 10)									\$
Signature:			Γitle:		Date:		MAIL TO:	North Carolina Depart Excise Tax Division Post Office Box 25000 Raleigh, North Carolin	)
Terminal Operator returns are due by the 22nd day after the end of each month.								Contact the Excise Ta Telephone Number Toll Free Number Fax Number	x Division at: (919) 707-7500 (877) 308-9092 (919) 250-7898