NCDOR
Web
1-23

GAS-1209
Terminal Operator Annual Return

Legal Name of Terminal Operator *(First 45 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Trade Name

Mailing Address | **City** | **State** | **Zip Code** *(First 5 digits)*

Street Address | **City** | **State** | **Zip Code** *(First 5 digits)*

Name of Contact Person | **Phone Number** ( ) | **Fax Number** ( )

FOR OFFICE USE ONLY

Fill in applicable circles:
- ○ Amended return
- ○ Final return for closed business

Terminal Control Number
T- ___ - ___ - ___

Account Number

Return for Calendar Year
2022

Computation of Tax		Gasoline	Undyed Diesel	Dyed Diesel	Undyed Kerosene	Dyed Kerosene	Jet Fuel	Aviation 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. **Road tax due** *(Multiply Line 4 by $0.385)*	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 fuel** *(Enter amount from Line 7)* ▶	8.								
9. **Penalty** *(See Instructions)* ▶	9.								
10. **Interest** *(See Instructions)* ▶	10.								
11. **Total amount due** *(Add Lines 7 through 10)*	11.								$

Return is due by February 14, 2023.

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
3301 Terminal Drive, Suite 125
Raleigh, North Carolina 27604

QUESTIONS:
Contact the Excise Tax Division at:
Telephone Number (919) 707-7500
Toll Free Number (877) 308-9092
Fax Number (919) 250-7898

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