



# Instructions For Handwritten Forms

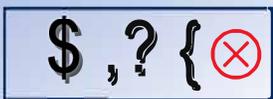
## Guidelines



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."



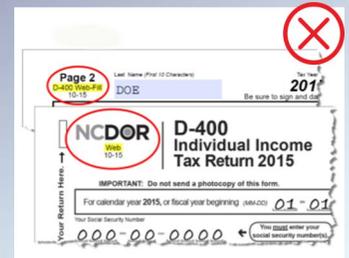
## Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.





**Part 3. Alternative Fuel Pump Meter Readings** - Indicate the beginning and ending meter readings for all alternative fuel pumps (highway and non-highway). If the alternative fuel is on consignment at your retail station, indicate below the alternative fuel provider who owns the product. Alternative Fuel Provider Name: \_\_\_\_\_

Alternative Fuel Pumps	Tax-Paid or Tax-Free	Ending Meter Reading	Beginning Meter Reading	Total Alternative Fuel Thru-put	Less: Adjustments	Net Alternative Fuel Sold
Pump #						
Pump #						
Pump #						
Pump #						
Pump #						
Pump #						

**Part 4. Bulk Receipts of Alternative Fuel** - List all tax-paid bulk receipts of alternative fuel (including purchases and deliveries on consignment). List **tax-free** bulk receipts of alternative fuel delivered to a common storage facility.

Alternative Fuel Provider Information	First Month Gallons	Second Month Gallons	Third Month Gallons	Total Gallons Purchased
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
Account Number: _____ Tax-paid				
Name: _____ Tax-free				
Address: _____				
<b>Total tax-paid purchases (Should equal Part 1, Line 2, Column A)</b>				
<b>Total tax-free purchases (Should equal Part 1, Line 2, Column B)</b>				

**Part 5. Alternative Fuel Used in Interstate and Intrastate Operations** - Indicate the miles and fuel for vehicles using alternative fuel that operated within and outside of North Carolina this quarter.

Motor Vehicles Using Alternative Fuel	Number of Vehicles	Total Miles Traveled	Total Gallons Used from Tax-paid Storage	Total Gallons Used from Common Storage
1. Vehicles with gross vehicle weight of 26,000 lbs. or under				
2. Vehicles that operate only within North Carolina and have either a gross vehicle weight over 26,000 lbs. or 3 axles				
3. Vehicles that operate within and outside of North Carolina and have either a gross vehicle weight over 26,000 lbs. or 3 axles				
4. Total gallons withdrawn from bulk storage for highway use				

**NOTE:** A penalty will be assessed against any retailer of alternative fuel that fails to file this return by the due date of the return (G.S. 105.236(a)(3) and 105-236(a)(10)).

**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