NCDOR
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GAS-1258
Retailer of Alternative Fuel Return

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

Trade Name

Street Address | **County**

Mailing Address

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

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

Persons required to file this return: Any person who maintains storage facilities for propane gas, natural gas, or other alternative fuels and dispenses part or all of the fuel at a retail location for highway purposes.

Fill in applicable circles:

- ○ Address has changed since prior return
- ○ First time filing GAS-1258
- ○ Amended return
- ○ Final return for closed business

FEIN or SSN

Return for Quarter Ending

- ○ March 31
- ○ June 30
- ○ September 30
- ○ December 31

Year

Part 1. Gallonage Accountability

		Column A Tax-paid Gallons Storage	Column B Gallons from Common Storage
1. **Beginning inventory of gallons of alternative fuel on hand on the first day of the quarter**	▶ 1.	.0	.0
2. **Total bulk gallons of alternative fuel purchased during the quarter** *(From Part 4)*	▶ 2.	.0	.0
3. **Gallons sold or used for highway use**	▶ 3.	.0	.0
4. **Gallons sold or used for non-highway use**	▶ 4.	.0	.0
5. **Gains or losses** *(Add Lines 1 and 2 then subtract Lines 3, 4, and 6)*	5.	.0	.0
6. **Ending inventory of gallons of alternative fuel on hand at end of the quarter**	▶ 6.	.0	.0

Part 2. Computation of Tax

7. **Alternative fuel road tax due** *(Multiply Line 3, Column B by applicable road tax rate)*	7.	.
8. **Alternative fuel inspection tax due** *(Multiply Line 3, Column B by $0.0025)*	8.	.
9. **Adjustments** *(Attach explanation)*	▶ 9.	.
10. **Net road and inspection taxes due** *(Add Lines 7, 8, and 9)*	10.	.
11. **Penalty** *(See instructions)*	▶ 11.	. .
12. **Interest** *(See instructions)*	▶ 12.	.
13. **Total Amount Due** *(Add Lines 10, 11 and 12)*	13. $	. .

Returns are due by the last day of the month following the close of the quarter.

Signature: _____ **Title:** _____ **Date:** _____

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

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: _____ Name: _____ Address: _____	Tax-paid				
	Tax-free				
Account Number: _____ Name: _____ Address: _____	Tax-paid				
	Tax-free				
Account Number: _____ Name: _____ Address: _____	Tax-paid				
	Tax-free				
Account Number: _____ Name: _____ Address: _____	Tax-paid				
	Tax-free				
				Total tax-paid purchases *(Should equal Part 1, Line 2, Column A)*	
				Total tax-free purchases *(Should equal Part 1, Line 2, Column 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