NCDOR
Web
4-19

GAS-1260
Blender 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 ( )

Fill in applicable circles:

- ○ Taxpayer filing an amended report
- ○ Taxpayer filing final report
- ○ Address has changed since prior report

FEIN or SSN

○ FEIN ○ SSN

Return for Month of

Month **Year**

__ – ____

Computation of Tax

Description		Gasoline	Diesel Fuel	Total
1. Total gallons of product blended with gasoline	1.			
2. Total gallons of kerosene blended with diesel fuel	2.			
3. Total gallons of other product blended with diesel fuel	3.			
4. Total gallons subject to tax before tare *(Add Lines 1, 2, and 3)*	4.			
5. Tare Allowance *(Multiply Line 1 by .01)*	5.			
6. Total gallons subject to road tax *(Line 4 minus Line 5)*	6.			
7. Total gallons subject to inspection tax *(Add Lines 1 and 3, then subtract Line 5)*	7.			
8. Motor fuels road tax *(Multiply Line 6 by road tax rate)*	8.			
9. Motor fuel inspection tax *(Multiply Line 7 by $0.0025)*	9.			
10. Adjustments *(See instructions)*	10.			
11. Total road and inspection taxes due *(Add Lines 8, 9, and 10)*	11.			
12. Penalty *(See instructions)*	12.			
13. Interest *(See instructions)*	13.			
14. Total amount due *(Add Lines 11, 12, and 13)*	14.			$

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

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

Returns are due by the 22nd day after the end of each month.