

Excise Tax Return Piped Natural Gas

North Carolina Department of Revenue

P

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

Address

City

State

Zip Code

Name of person responsible for the computation of the quarterly distribution

Phone Number

Fill in all applicable circles:

- Taxpayer is a first-time filer in N.C.
- Payment has been made through electronic funds transfer (EFT)
- Address has changed since prior quarter

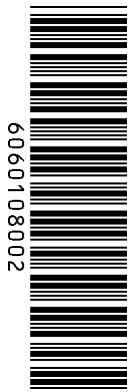
Federal Employer ID Number

▶ -

Return for Quarter Ended

▶ -

Part 1. Reconciliation of Amount Due for Quarter



- | | | | |
|---|------|-------------------------|-----|
| 1. Tax Due on Volume Delivered to End-User or Received for Own Use
<i>(Total of Line 7, Reverse)</i> | ▶ 1. | <input type="text"/> | .00 |
| 2. Electronic Funds Transfer Payments
<i>(Total of Line 8, Reverse)</i> | ▶ 2. | <input type="text"/> | .00 |
| 3. Underpayment - Line 1 minus Line 2
<i>(Total of Line 9, Reverse)</i> | ▶ 3. | <input type="text"/> | .00 |
| 4. Penalty
<i>(Total of Line 10, Reverse)</i> | ▶ 4. | <input type="text"/> | .00 |
| 5. Interest
<i>(Total of Line 11, Reverse)</i> | ▶ 5. | <input type="text"/> | .00 |
| 6. Total Due with this Return - Add Lines 3, 4, and 5
<i>(Must equal total of Line 12, Reverse)</i> | ▶ 6. | \$ <input type="text"/> | .00 |

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this return is accurate and complete.

Signature of Preparer other than Taxpayer: _____ Preparer's FEIN, SSN, or PTIN: _____

Tax payments are due twice a month and are required to be paid by electronic funds transfer. The first semimonthly payment period consists of the first fifteen days of the month in which the tax accrues. The payment for this period is due by the 25th day of that month. The other semimonthly payment covers the period from the 16th day of the month through the last day of the month. The payment for this period is due by the 10th day of the month following the month in which the tax accrues. Quarterly returns are due by the last day of the month following the end of each calendar quarter.

MAIL TO: North Carolina Department of Revenue, P.O. Box 25000, Raleigh, North Carolina 27640-0510

