CD-312
9-07

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 Contact Person for Quarterly Distribution **Phone Number**

Federal Employer ID Number

▶ -

Return for Quarter Ended

Month **Year**

▶ -

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

Part 1. Computation of Amount Due for Quarter

1. **Tax Due on Volume Delivered to End-User or Received for Own Use** ▶ 1. .00
2. **Tax Payments** *(Include any electronic prepayments applied to quarter)* ▶ 2. .00
3. **Balance of Tax Due**
   Line 1 minus Line 2 ▶ 3. .00
4. **Penalty** *(10% for late payment; 5% per month, maximum 25%, for late filing)*
   Multiply Line 3 by applicable penalty if return with full payment is not filed timely. ▶ 4. .00
5. **Interest** *(See the Department's website, www.dornc.com, for current interest rate.)*
   Multiply Line 3 by applicable interest rate if return with full payment is not filed timely. ▶ 5. .00
6. **Total Due with the Return**
   Add Lines 3 through 5 6. $ .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:** _____

Taxpayers are required to make tax payments monthly and file returns quarterly. In addition, taxpayers who are consistently liable for at least $10,000 a month must make a monthly prepayment of the next month's tax liability. The prepayment is due at the same time the monthly payment for the previous month is due and must be made by electronic funds transfer. Monthly tax payments are due by the 20th 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. Your check or money order must be in the form of U.S. currency from a domestic bank.

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

Legal Name _____ **FEIN** _____

Part 2. Quarterly Distribution *(Attach additional pages if needed)*

(A) **City** (List in alphabetical order)	(B) **Tax Attributable to Gas Delivered within City**		(C) **Amount Distributable** *(Multiply Column (B) by 50%)*	
				00
				00
				00