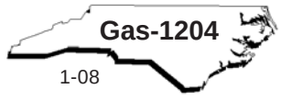

Motor Fuel Terminal Operator Return

North Carolina Department of Revenue

MFD

Legal Name *(First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)*

Trade Name of Terminal

City and State Address of Terminal

Terminal Code

Mailing Address

City

State

Zip Code *(First 5 digits)*

Fill in applicable circles:

- ○ Address has changed since prior return
- ○ Amended return
- ○ Final return for closed business

Account Number

Return for Month of (Month) – (Year)

FOR OFFICE USE ONLY

Name of Contact Person

Phone Number ( )

Fax Number ( )

Fuel Accountability

		Gasoline	Undyed Diesel	Dyed Diesel	Undyed Kerosene	Dyed Kerosene	Jet Fuel	Aviation Gasoline
1. Beginning inventory *(From prior month's ending inventory)* ▶	1.							
2. Total receipts *(From Gas-1204RS, Schedule 15A)*	2.							
3. Total gallons available for removal *(Add Lines 1 and 2)*	3.							
4. Low sulfur dyed diesel disbursements *(From Gas-1204DS, Schedule 15B)*	4.							
5. Total of other fuel disbursements *(From Gas-1204DS, Schedule 15B)*	5.							
6. Gallons available less disbursements *(Line 3 minus Lines 4 and 5)*	6.							
7. Stock <gain>/loss *(Line 6 minus Line 8)*	7.							
8. Actual ending inventory *(Should be next month's beginning inventory)* ▶	8.							
9. Late Filing Penalty *(Enter $50.00 if filed after the due date of the return)*	9.							$

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

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

Terminal Operator returns are due by the 22nd of each month.

MAIL TO: North Carolina Department of Revenue
Motor Fuels Tax Division
Post Office Box 25000
Raleigh, North Carolina 27640-0950

QUESTIONS: Contact the Motor Fuels Tax Division at:
Telephone Number (919) 733-3409
Toll Free Number (877) 308-9092
Fax Number (919) 733-8654