



Motor Fuel Terminal Operator Annual Return

North Carolina Department of Revenue

Trade Name of Terminal (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Street Address of Terminal City State Zip Code (First 5 digits)

Legal Name of Terminal Operator (First 45 Characters)

Mailing Address

City State Zip Code (First 5 digits)

Name of Contact Person Phone Number Fax Number

FOR OFFICE USE ONLY

Fill in applicable circles:

Amended return
 Final return for closed business

Terminal Code

T - - -

Account Number

Return for Calendar Year

2007

Computation of Tax	Gasoline	Undyed Diesel	Dyed Diesel	Undyed Kerosene	Dyed Kerosene	Jet Fuel	Aviation Gasoline	Total
1. Net gallons loss/<gain> <i>(From total on Page 2)</i>								
2. Total disbursements <i>(From total on Page 2)</i>								
3. Acceptable loss <i>(Multiply Line 2 by .005)</i>								
4. Taxable gallons <i>(Line 1 minus Line 3; if zero or less, enter zero)</i>								
5. Road tax due <i>(Multiply Line 4 by \$0.2980)</i>								
6. Inspection tax due <i>(Multiply Line 4 by \$0.0025)</i>								
7. Total road and inspection tax due ▶ <i>(Add Line 5 & 6)</i>								
8. Penalty for unaccounted for fuel <i>(Enter amount from Line 7)</i>								
9. Penalty <i>(See Instructions)</i>								
10. Interest ▶ <i>(See Instructions)</i>								
11. Total Amount Due <i>(Add Lines 7 through 10)</i>								\$

Return is due by February 14, 2008.

Any payment must be drawn on a U.S. (domestic) bank and payable in U.S. dollars.

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

GAS-1209

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Yearly Summary of Transactions by Month (From GAS-1204)	Gasoline		Undyed Diesel		Dyed Diesel		Undyed Kerosene		Dyed Kerosene		Jet Fuel		Aviation Gasoline	
	Net Gallons Loss / <Gain>	Total Disbursements	Net Gallons Loss / <Gain>	Total Disbursements	Net Gallons Loss / <Gain>	Total Disbursements	Net Gallons Loss / <Gain>	Total Disbursements	Net Gallons Loss / <Gain>	Total Disbursements	Net Gallons Loss / <Gain>	Total Disbursements	Net Gallons Loss / <Gain>	Total Disbursements
January														
February														
March														
April														
May														
June														
July														
August														
September														
October														
November														
December														
Totals (To Line 1)														

Signature: _____

Title: _____

Date: _____

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