Form Gas 1242
(Rev. 6–98)

(Web)

NORTH CAROLINA DEPARTMENT OF REVENUE
MOTOR FUELS TAX DIVISION
P. O. BOX 25000
RALEIGH, NORTH CAROLINA 27640
PHONE (919) 733–3409 FAX (919) 733–8654

MFD

SUPPLIER 10 DAY NOTIFICATION

(TO BE FILED WITHIN 10 DAYS AFTER THE DUE DATE OF THE SUPPLIER RETURN)

SUPPLIER NAME:		MONTH/YEAR:
ADDRESS:		ACCOUNT NUMBER:
CITY:	STATE:	ZIP:
TELEPHONE NUMBER:	FAX NUMBER:	

PRODUCT TYPE

65	GASOLINE	123	ALCOHOL	125	AVIATION GASOLINE	142	KEROSENE – UNDYED	227	LOW SULPHUR DYED DIESEL
72	KEROSENE – DYED	124	GASOHOL	130	JET FUEL	160	DIESEL FUEL UNDYED	241	ETHANOL
122	BLEND COMPONENTS							244	METHANOL

ACCOUNT NUMBER	LICENSED DISTRIBUTOR NAME	PRODUCT TYPE	TAXABLE GALLONS	AMOUNT PAID	DATE PAID	COMMENTS

This is to certify that this report has been examined by me and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month named and that same is in accordance with the books and records of the reporting trustee.

Date _____ Signed _____ Title _____