

Form Gas 1254
(Rev. 12-97) (Web)

NORTH CAROLINA DEPARTMENT OF REVENUE
MOTOR FUELS TAX DIVISION
P. O. BOX 25000, RALEIGH, N. C. 27640
Telephone (919) 733-3409 Fax (919) 733-8654



Account Number
Telephone Number
()
<input type="checkbox"/> CLOSE ACCOUNT
Effective: _____

FOR OFFICE USE ONLY	
BATCH # _____	
Quarters	Due Date
1st-Jan . . . Mar.	4-30
2nd-Apr. . . Jun.	7-31
3rd-Jul . . . Sept.	10-31
4th-Oct . . . Dec.	1-31
RETURN FOR QTR. ENDED	

NAME AND ADDRESS

BULK-END USER OF ALTERNATIVE FUELS RETURN

Must be filed by the last day of the month that follows the quarter covered by the report, regardless of activity

PERSONS REQUIRED TO FILE THIS RETURN: Any person who maintains storage facilities for propane gas or other alternative fuels and dispenses part or all of fuel for highway purposes.

SECTION A: ALTERNATIVE FUELS GALLONAGE ACCOUNTABILITY	Column A Gallons From Tax Paid Storage	Column B Gallons From Common Storage
1. BEGINNING INVENTORY		
2. BULK RECEIPTS (TOTAL OF RECEIPTS IN SECTION B)		
3. OTHER RECEIPTS (RECEIPTS OTHER THAN BULK)		
4. LESS ENDING INVENTORY		
5. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 5 SHOULD EQUAL LINE 11)		
6. USED FROM BULK STORAGE IN QUALIFIED MOTOR VEHICLES REPORTED ON IFTA RETURN		
7. USED FROM BULK STORAGE IN ALL OTHER VEHICLES OPERATED BY YOU		
8. SOLD TO OTHERS FOR HIGHWAY USE		
9. TOTAL GALLONS SOLD OR USED FOR NON-HIGHWAY USE		
10. INVENTORY ADJUSTMENT (ADD LOSS, SUBTRACT GAIN)		
11. TOTAL GALLONS ACCOUNTED FOR (LINE 11 SHOULD EQUAL LINE 5)		

COMPUTATION OF ROAD AND INSPECTION TAX

12. MOTOR FUELS TAX: (COLUMN B, LINES 6+7+8 x ROAD TAX RATE)		\$
13. MOTOR FUELS INSPECTION TAX: (COLUMN B, LINES 6+7+8 x .0025)		
14. ADJUSTMENTS (ATTACH EXPLANATION)		
15. TOTAL ROAD AND INSPECTION TAXES DUE (LINES 12+13+14)		
16. PENALTY (SEE INSTRUCTIONS)	\$	
17. INTEREST (SEE INSTRUCTIONS)		
18. TOTAL AMOUNT DUE (LINES 15+16+17)	\$	\$

CERTIFICATE OF TAXPAYER

THIS IS TO CERTIFY THAT THIS RETURN, INCLUDING ALL STATEMENTS AND SCHEDULES ATTACHED HERETO, HAS BEEN EXAMINED BY ME, AND IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND **COMPLETE** RETURN MADE IN GOOD FAITH COVERING THE PERIOD NAMED ABOVE AND THAT THE SAME IS IN ACCORDANCE WITH THE BOOKS AND RECORDS OF THE REPORTING TAXPAYER.

SIGNED _____ TITLE _____ DATE _____

Return must be signed by owner of business or if a partnership by partner, or if a corporation by an officer or authorized agent.

NOTE: A PENALTY WILL BE ASSESSED AGAINST ANY BULK-END USER OF ALTERNATIVE FUELS THAT FAILS TO FILE THIS REPORT ON TIME (G. S. 105-236(3) AND (10)).

(Over)

FORM GAS 1254(REVERSE)

(Web)

SECTION B: BULK RECEIPTS OF ALTERNATIVE FUELS				
LIST ALL TAX PAID BULK RECEIPTS OF ALTERNATIVE FUELS. LIST TAX-FREE BULK RECEIPTS OF ALTERNATIVE FUELS DELIVERED TO A COMMON STORAGE FACILITY ONLY.				
ALTERNATIVE FUELS PROVIDER INFORMATION	G A L L O N S			
	FIRST MONTH	SECOND MONTH	THIRD MONTH	TOTAL
ACCOUNT NO: _____ TAX PAID				
NAME: _____ TAX FREE				
ADDRESS:				
ACCOUNT NO: _____ TAX PAID				
NAME: _____ TAX FREE				
ADDRESS:				
ACCOUNT NO: _____ TAX PAID				
NAME: _____ TAX FREE				
ADDRESS:				
ACCOUNT NO: _____ TAX PAID				
NAME: _____ TAX FREE				
ADDRESS:				
TOTAL TAX PAID (SAME AS SECTION A, LINE 2, COLUMN A)				
TOTAL TAX FREE (SAME AS SECTION A, LINE 2, COLUMN B)				

SECTION C: ALTERNATIVE FUELS USED IN INTRASTATE OPERATIONS			
Indicate the miles and fuel for motor vehicles using alternative fuels that operated ONLY WITHIN N. C. this quarter.			
<input type="checkbox"/> Check the block if intrastate miles are included on the IFTA Tax Report and disregard item 2 below.			
ALTERNATIVE FUELS	Number of Vehicles	Total Miles Traveled	Total Gallons Used
1. Vehicles with gross vehicle weight 10,001 – 26,000 lbs.			
2. Vehicles with gross vehicle weight over 26,000 lbs.			