

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Street Address

County

Mailing Address

City

State

Zip Code (First 5 digits)

Name of Contact Person

Phone Number
 () _____

Fax Number
 () _____

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)

Part 1 - Fuel Accountability

- 1. **Beginning physical inventory**
(From prior month's ending physical inventory)
- 2. **Receipts**
(From Part 3, Line 27)
- 3. **Disbursements**
(From Part 4, Line 39)
- 4. **Transfers**
(From one product to another)
- 5. **Gain/(loss)**
(Add Lines 1 and 2 then subtract Lines 3, 4, and 6)
- 6. **Ending physical inventory**
- 7. **Gross taxable gallons**
(From Part 4, Line 40)
- 8. **Less: Tax-paid purchases**
(From Part 3, Line 25)
- 9. **Net taxable gallons before tare**
(Line 7 minus Line 8)
- 10. **Road tax tare allowance**
(Multiply Line 9 by .01)
- 11. **Net gallons subject to road tax**
(Line 9 minus Line 10)
- 12. **Dyed fuel sales and sales to exempt entities**
(From Part 4, add Lines 30, 32 through 37)
- 13. **Taxable gallons subject to inspection tax before tare**
(Add Lines 9 and 12)
- 14. **Inspection tax tare allowance**
(Multiply Line 13 by .01)
- 15. **Net gallons subject to inspection tax**
(Line 13 minus Line 14)

	Fuel Alcohol	Undyed Biodiesel	Dyed Biodiesel	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Part 2 - Computation of Tax

- 16. **Motor fuel road tax due**
(Multiply Part 1, Line 11 by applicable road tax rate)
- 17. **Motor fuel inspection tax due**
(Multiply Part 1, Line 15 by \$0.0025)
- 18. **Administrative discount**
(See instructions) (Not to exceed \$8,000)
- 19. **Adjustments**
(See instructions)
- 20. **Net road and inspection taxes due**
(Add Lines 16, 17, and 19; then subtract Line 18)
- 21. **Penalty**
(See instructions)
- 22. **Interest**
(See instructions)
- 23. **Total amount due**
(Add Lines 20, 21, and 22)

16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				\$

Part 3 - Receipts

	Fuel Alcohol	Undyed Biodiesel	Dyed Biodiesel	Total
24. In-state refinery production ▶ 24.				
25. Gallons received tax-paid <i>(From GAS-1264RS, Schedule 1)</i> 25.				
26. Gallons received tax unpaid <i>(From GAS-1264RS, Schedule 2)</i> 26.				
27. Total receipts <i>(Add Lines 24 through 26)</i> 27.				

Part 4 - Disbursements

28. Gallons sold to bulk-end users, retailers, unlicensed distributors, and company-owned/company-operated stations <i>(From GAS-1264DS, Schedule 5A)</i> 28.				
29. Gallons sold to licensed suppliers, distributors, and importers <i>(From GAS-1264DS, Schedule 5C)</i> 29.				
30. Dyed biodiesel gallons sold for nonhighway purposes <i>(From GAS-1264DS, Schedule 6F)</i> 30.				
31. Gallons sold for export - destination state tax collected <i>(From GAS-1264DS, Schedule 7)</i> 31.				
32. Gallons sold to the U.S. government <i>(From GAS-1264DS, Schedule 8)</i> 32.				
33. Gallons sold to the State of North Carolina <i>(From GAS-1264DS, Schedule 9A)</i> 33.				
34. Gallons sold to a N.C. local board of education <i>(From GAS-1264DS, Schedule 9C)</i> 34.				
35. Gallons sold to a N.C. county, municipal corporation, hospital authority, or joint agency services <i>(From GAS-1264DS, Schedule 9E)</i> 35.				
36. Gallons sold to a N.C. charter school <i>(From GAS-1264DS, Schedule 9F)</i> 36.				
37. Gallons sold to a N.C. community college <i>(From GAS-1264DS, Schedule 9G)</i> 37.				
38. Gallons produced by an individual for use in a private passenger vehicle registered in the name of that individual. ▶ 38.				
39. Total disbursements <i>(Add Lines 28 through 38)</i> 39.				
40. Gross taxable gallons <i>(Line 27 subtract Lines 30 through 38)</i> 40.				

Signature: _____ Title: _____ Date: _____
 I certify that, to the best of my knowledge, this return is accurate and complete.

Fuel Alcohol and Biodiesel Provider returns are due by the 22nd day after the end of each month.

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

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

QUESTIONS:
 Contact the Excise Tax Division at:
 Telephone Number (919) 707-7500
 Toll Free Number (877) 308-9092
 Fax Number (919) 733-8654