



Name: _____	Collection Period Ending: _____
Address: _____	Report Due: _____
City/Town: _____	Distributor License #: _____
State: _____	FEIN/SSN: _____
Country: _____	Personal ID # (PID): _____

INVENTORIES, RECEIPTS & DISBURSEMENTS	A. GASOLINE	B. UNDYED DIESEL	C. AVIATION
1. Beginning physical inventory:			
2. Receipts (+):			
3. Disbursements (-):			
4. Gain or (Loss) (+ or -):			
5. Ending physical inventory:			

TAX COMPUTATION	A. GASOLINE	B. UNDYED DIESEL	C. AVIATION
1. Taxable gallons (Carry from Section 2, Line 1):			
2. Tax Rates:	\$0.3201	\$0.3200	\$0.3201
3. Tax Due:			
4. Clean up fee - \$0.01 per gallon			
5. Total Tax due (Add Lines 3 and 4):			

TOTAL TAX DUE	
1. Total tax due (Sum of all entries on Tax Computation Line 5):	
2. Credits issued by the Department of Motor Vehicles:	
3. Total tax due with return (Line 1 minus Line 2):	
4. Penalty for late filing (\$10.00 penalty):	
5. Interest (1.5% per month times Line 3):	
6. Late payment penalty (see instructions for calculation):	
7. TOTAL DUE WITH RETURN (Sum of Lines 3-6):	

Check here if you have electronically transmitted funds

Company Name:	FEIN:	Collection Period Ending (MM/DD/YY):
---------------	-------	--------------------------------------

Enter the total gallons from each receipt and disbursement schedule on this page. Report receipts and disbursements in whole net gallons.

SECTION 1 – RECEIPTS	GALLONS			
	FROM SCHEDULE	A. GASOLINE	B. UNDYED DIESEL	C. AVIATION
1. Gallons received; tax paid:	1			
2. Gallons received from licensed distributor; tax unpaid:	2			
3. Gallons imported directly to customer:	3			
4. Gallons imported directly into tax-free storage:	4			
5. Total Receipts:				

SECTION 2 – DISBURSEMENTS	GALLONS			
	FROM SCHEDULE	A. GASOLINE	B. UNDYED DIESEL	C. AVIATION
1. Gallons delivered; tax collected:	5A			
2. Gallons of undyed diesel delivered to other tax-exempt entities:	10A			
3. Gallons delivered; tax paid:	5AA			
4. Gallons exported:	7A			
5. Gallons delivered to licensed distributors; tax not collected:	6D			
6. Total Disbursements:				

Check here if filing an amended return

I certify under penalties of perjury that this report (including any schedules of statement) is true, correct and complete to the best of my knowledge.

Signature of Officer/Owner	Title	Date
Name of Preparer/Contact (Print)	Signature of Preparer	Date
Contact Phone	Contact Email	

FOR OFFICIAL USE ONLY	
Postmark Date: _____	Rater #: _____

Schedule of Receipts (continued)

Schedule Type:	Product Type:	Company Name:	FEIN:	Collection Period Ending:
----------------	---------------	---------------	-------	---------------------------

(1) Carrier Name	(2) Carrier FEIN	(3) Mode	(4) Point of		(5) Acquired From		(6) Date Received	(7) Document Number	(8) Net Gallons	(9) Gross Gallons	(10) Billed Gallons
			Origin	Destination	Seller Name	Seller FEIN					
Total											

