



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:	\$0.3251	\$0.3200	\$0.3251
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):
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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 #: _____	

