



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:	\$0.3294	\$0.3200	\$0.3294
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 #: _____

Schedule of Receipts

Check here if submitting an amended schedule

Schedule Type:	Product Type:	Product Subtype ¹ :	Company Name:	FEIN:	Collection Period Ending:
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SCHEDULE TYPE – ONLY ONE PRODUCT TYPE PER SCHEDULE:

- Gallons received; tax paid
- Gallons received from a licensed distributor; tax unpaid
- Gallons imported directly to the customer
- Gallons imported directly into tax-free storage

PRODUCT TYPE:
 065 Gasoline
 124 Gasohol
 125 Aviation Gasoline
 142 Undyed Kerosene
 167 Low Sulfur Diesel #2/Undyed/Blended Biodiesel (B20, B10, B5, B2)
 B00 Undyed/Unblended Biodiesel (B100)

PRODUCT TYPE (CONTINUED):
 E00 Denatured Ethanol
 R00 (Renewable Diesel)

PRODUCT SUBTYPE:
 B1-B99
 E1-E99
 R1-R99

(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					
Subtotal											

¹ Only if the product type is 167, B0, E0, or RO

