

Instructions for Handwritten Forms

Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



GAS-1242 Supplier 10 Day Notification

(To be filed within 10 days after the due date of the supplier return)

Supplier Name (First 35 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Mailing Address

City

State

Zip Code (First 5 digits)

Phone Number

Fax Number

Return for Month of

(Month)

(Year)

FEIN or SSN - (No dashes) OFFICE USE ONLY

Product Type

065 Gasoline	123 Fuel Alcohol	130 Jet Fuel	170 Biodiesel - Undyed	227 Diesel - Low Sulfur Dyed
072 Kerosene - Dyed	124 Gasohol	142 Kerosene - Undyed	171 Biodiesel - Dyed	
122 Blending Component(s)	125 Aviation Gasoline	160 Diesel - Undyed	226 Diesel - High Sulfur Dyed	

Account Number	Licensed Distributor Name	Product Type	Taxable Gallons	Amount Paid	Date Paid	Comments

This is to certify that this report has been examined by me and is, to the best of my knowledge and belief, a true and complete report made in good faith covering the month named and that same is in accordance with the books and records of the reporting trustee.

Signature: _____ Title: _____ Date: _____