

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

Trade Name

Location

County

Mailing Address

City

State

Zip Code (first 5 digits)

Name of Contact Person

Phone Number

 ()

Fax Number

 ()

Fill in applicable circles:

- Taxpayer filing an amended report
- Taxpayer filing final report
- Address has changed since prior report

FEIN or SSN

FEIN

SSN

**Return for Month of
Month Year**

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Computation of Tax

Description	Gasoline	Diesel Fuel	Total
1. Total gallons of product blended with gasoline	1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. Total gallons of kerosene blended with diesel fuel	2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. Total gallons of other product blended with diesel fuel	3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. Total gallons subject to tax before tare (Add Lines 1, 2, and 3)	4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. Tare Allowance (Multiply Line 1 by .01)	5. <input type="text"/>	<input type="text"/>	<input type="text"/>
6. Total gallons subject to road tax (Line 4 minus Line 5)	6. <input type="text"/>	<input type="text"/>	<input type="text"/>
7. Total gallons subject to inspection tax (Add Lines 1 and 3, then subtract Line 5)	7. <input type="text"/>	<input type="text"/>	<input type="text"/>
8. Motor fuels road tax (Multiply Line 6 by road tax rate)	8. <input type="text"/>	<input type="text"/>	<input type="text"/>
9. Motor fuel inspection tax (Multiply Line 7 by \$0.0025)	9. <input type="text"/>	<input type="text"/>	<input type="text"/>
10. Adjustments (See instructions)	10. <input type="text"/>	<input type="text"/>	<input type="text"/>
11. Total road and inspection taxes due (Add Lines 8, 9, and 10)	11. <input type="text"/>	<input type="text"/>	<input type="text"/>
12. Penalty (See instructions)	12. <input type="text"/>	<input type="text"/>	<input type="text"/>
13. Interest (See instructions)	13. <input type="text"/>	<input type="text"/>	<input type="text"/>
14. Total amount due (Add Lines 11, 12, and 13)	14. <input type="text"/>	<input type="text"/>	<input type="text"/> \$

Signature and Title: _____ Date: _____

I certify that, to the best of my knowledge, this claim is accurate and complete.

Returns are due by the 22nd day after the end of each month.