

<b>A. Reporting period</b> Year _____ Month _____ License number _____	For validation only. 039-030-115-0000
<b>B.</b> <input type="checkbox"/> No operations <input type="checkbox"/> Amended return <input type="checkbox"/> New address    Effective date _____ <input type="checkbox"/> Late return <input type="checkbox"/> Name change <input type="checkbox"/> Cancel license    ▶ _____	

<b>C. Name and address</b>   	Validated postmark date
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1 Beginning physical inventory	1		
2 Fuel received (total from Receipts schedule on page 2)	2		
3 Ending physical inventory	3		
4 Total accountable gallons (line 1 + line 2 - line 3)	4		
5 Tax-exempt gallons (total from Disbursements schedule on page 2)	5		
6 Taxable gallons (line 4 - line 5)	6		
7 Tax-paid purchases (Receipts schedule on page 2, line R1)	7		
8 Net taxable or credit gallons (line 6 - line 7)	8		
9 Jet fuel tax (line 8 x \$.11)	9		
10 Penalty after 25th of the month (line 9 x 10%)	10		
11 Sum of line 9 + line 10	11		
12 Interest (line 11 x 1% compounded monthly)	12		
13 Total fuel tax (line 11 + line 12)	13		
14 Previous payments for this reporting period	14		
15 If total of line 13 - line 14 is greater than zero, amount owed	15	<input type="checkbox"/> <b>EFT</b>	
16 If total of line 13 - line 14 is less than zero, net refund amount	16		(            )

Printed name of person signing	Contact name (if different from person signing)	
Contact (area code) telephone number	Contact (area code) fax number	Contact email address

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_  
Date and place

**X**  
Signature

**Please keep a copy of this tax return for your records.**

# Jet Fuel Tax Return

Name \_\_\_\_\_ License number \_\_\_\_\_

## Receipts schedule

R1 Tax-paid gallons received *	page 1, line 7	R1	
R2 Non-taxed gallons received from Washington licensed distributors *		R2	
R3 Imported gallons received direct to customer *		R3	
R4 Imported directly to licensed tax-free storage *		R4	
R5 Other ** (including gains from bulk storage, temperature adjustments, and transportation)		R5	
<b>Total fuel received (sum of lines R1 through R5)</b>	<b>page 1, line 2</b>		

## Disbursements schedule – tax exempt

D1 Sales to Washington licensed distributors *		D1	
D2 Export sales **		D2	
D3 Export sales by unlicensed purchasers **		D3	
D4 Sales to U.S. government agencies		D4	
D5 Sales to Washington certified users *		D5	
D6 Sales to exempt aircraft		D6	
D7 Sales to emergency medical air transport entities		D7	
D8 Other ** (including losses from bulk storage, temperature adjustments, and transportation)		D8	
<b>Total tax-exempt gallons (sum of lines D1 through D8)</b>	<b>page 1, line 5</b>		

\* Support schedule required

\*\* One support schedule for each category required

**IMPORTANT-PLEASE READ.** Payments and documents are sent to two separate addresses.

### Send payments to:

Prorate and Fuel Tax  
Department of Licensing  
PO Box 3777  
Seattle, WA 98124-3777

### Send or fax non-payment documents to:

Fuel Tax Section  
Department of Licensing  
PO Box 9228  
Olympia, WA 98507-9228  
FAX: (360) 570-7842