

<b>A. Reporting period</b> Year _____ Month _____ License number _____	For validation only. 108-030-115-0001
<b>B.</b> <input type="checkbox"/> No operations <input type="checkbox"/> Amended return <input type="checkbox"/> New address <input type="checkbox"/> Effective date <input type="checkbox"/> Late return <input type="checkbox"/> Name change <input type="checkbox"/> Cancel license <input type="checkbox"/> _____	

<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 gallons received (Receipts schedule on page 2, line R1)	7	
8 Total of motor fuel allowances (from Motor fuel allowance on page 2, line 6)	8	
9 Net taxable or credit gallons (line 6 - line 7 - line 8)	9	
10 Motor vehicle fuel tax (line 9 x \$.375)	10	
11 Penalty after 25th of the month (line 10 x 2%)	11	
12 Sum of line 10 + line 11	12	
13 Interest (line 12 x 1% compounded monthly)	13	
14 Total fuel tax (line 12 + line 13)	14	
15 Previous payments for this reporting period	15	
16 Credit for non-payment of tax from purchaser *	16	
17 Total adjustments (line 15 + line 16)	17	
18 If total of line 14 - line 17 is greater than zero, amount owed <input type="checkbox"/> <b>EFT</b>	18	
19 If total of line 14 - line 17 is less than zero, net refund amount	19	(                    )

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 (if available)

*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.**

# Motor Vehicle Fuel Supplier Tax Return

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

## Inventory

	Motor vehicle fuel	+	Ethanol	=	Total	
Beginning						Page 1, line 1
Ending						Page 1, line 3

## Receipts schedule

R1 Tax-paid gallons received *	R1	
R2a Imported gallons received direct to customer **	R2a	
R2b Imported direct to licensed terminal rack **	R2b	
R3 Non-taxed gallons received or produced **	R3	
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 suppliers *	D1	
D2 Export sales *	D2	
D3 Sales to foreign governments *	D3	
D4 Sales to licensed exporters *	D4	
D5 Sales to U.S. Armed Forces or National Guard for export *	D5	
D9 Other ** (explain)	D9	
D11 Sales to authorized tribal entities **	D11	
<b>Total exempt gallons (sum of lines D1 through D11)</b>	<b>page 1, line 5</b>	

## Motor fuel allowance

	Sales to licensed distributors <b>A</b>	All other taxable sales <b>B</b>
1 Taxable gallons (page 1, line 6)		
2 Tax-paid gallons received (page 1, line 7)		
3 Total of line 1 - line 2		
4 Taxable allowance rate	<b>0.0031</b>	<b>0.0025</b>
5 Taxable allowance gallons (line 3 x line 4 each column)		
<b>6 Total allowance (sum of line 5 columns A and B)</b>	<b>page 1, line 8</b>	

\* Support schedule required

\*\* One support schedule for each category required

<b>IMPORTANT-PLEASE READ.</b> 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
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