

Motor Vehicle Fuel Supplier Tax Return

MP

Fuel Tax Section
PO Box 9228
Olympia, WA 98507-9228
(360) 664-1852

A. Reporting period Year _____ Month _____ License number _____	For validation only. 108-030-115-0001
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"/> _____	

C. Name and address 	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"/> EFT	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	
Total fuel received (sum of lines R1 through R5)	page 1, line 2	

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	
Total exempt gallons (sum of lines D1 through D11)	page 1, line 5	

Motor fuel allowance

	Sales to licensed distributors A	All other taxable sales 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	0.0031	0.0025
5 Taxable allowance gallons (line 3 x line 4 each column)		
6 Total allowance (sum of line 5 columns A and B)	page 1, line 8	

* Support schedule required

** One support schedule for each category required

*The Department of Licensing has a policy of providing equal access to its services.
If you need special accommodation, please call (360) 664-1852 or TTY (360) 664-8885.*