

| | |
|---|---|
| A. Reporting Period Year _____ Month _____ License number _____ | For validation only -- 108-030-116-0001 |
| 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 ▶ _____ | |

| | |
|--|-------------------------|
| C. Name and address | Validated postmark date |
|--|-------------------------|

| | | |
|---|----|------------------------------|
| 1 Beginning physical inventory, non-dyed | 1 | |
| 2 Fuel received, non-dyed (total from Receipts schedule on page 2) | 2 | |
| 3 Ending physical inventory, non-dyed | 3 | |
| 4 Total accountable gallons (line 1 + line 2 - line 3) | 4 | |
| 5 Tax exempt gallons, non-dyed (total from Disbursement schedule on page 2) | 5 | |
| 6 Taxable gallons (line 4 - line 5) | 6 | |
| 7 Tax paid purchases (Receipts schedule, page 2 line R1) | 7 | |
| 8 Net taxable or credit gallons (line 6 - line 7) | 8 | |
| 9 Special fuel tax (line 8 x \$.375) | 9 | |
| 10 Penalty after 25th of 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"/> EFT |
| 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 (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

Special Fuel Supplier Tax Return

Name _____ License number _____

Inventory

| | Special Fuel | | Biodiesel | | Total |
|--------------------|--------------|---|-----------|---|-------|
| Beginning Non-dyed | | + | | = | |
| Ending Non-dyed | | + | | = | |
| Beginning Dyed | | + | | = | |
| Ending Dyed | | + | | = | |

Page 1, line 3

Receipts schedule - Non-dyed

| | | |
|---|-----------------------|--|
| 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 Non-dyed

| | | |
|--|-----------------------|--|
| D1 Sales to Washington licensed Suppliers * | D1 | |
| D2 Export sales * | D2 | |
| D4 Sales to licensed exporters * | D4 | |
| D6 Sales to exempt entities * | D6 | |
| D8 Non-dyed special fuel rebranded to dyed * | D8 | |
| D9 Other ** (explain) | D9 | |
| D10 Sales to carriers with IFTA Authorization or licensed distributors selling to carriers with IFTA Authorization * | D10 | |
| D11 Sales to authorized tribal entities ** | D11 | |
| Total exempt gallons (sum of lines D1 through D11) | page 1, line 5 | |

Dyed Special Fuel

| | | |
|---|---|--|
| 1 Received from Washington licensed suppliers (do not include dyed biodiesel) * | 1 | |
| 2 Received from Washington licensed importers (do not include dyed biodiesel) * | 2 | |
| 3 Export sales of dyed special fuel (do not include dyed biodiesel) * | 3 | |
| 4 Dyed bio-diesel received from Washington licensed suppliers * | 4 | |
| 5 Dyed bio-diesel received from Washington licensed importers * | 5 | |
| 6 Export sales of dyed bio-diesel * | 6 | |

* Support schedule required

** One support schedule for each category required