

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 Effective date _____ <input type="checkbox"/> Late return <input type="checkbox"/> Name change <input type="checkbox"/> Cancel license ► _____	

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 credit gallons (line 4 on page 2 Tax-paid credit gallons)	7	
8 Total of motor fuel allowance (line 5 on Motor fuel allowance page 2)	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 If total of line 14 - line 15 is greater than zero, amount owed <input type="checkbox"/> EFT	16	
17 If total of line 14 - line 15 is less than zero, net refund amount	17	()

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.

_____ **X** _____
 Date and place Signature

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

Motor Vehicle Fuel Blender 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	
R3 Non-taxed gallons received or produced * *	R3	
R4 Non-taxed gallons of blend stock received *	R4	
R5 Other * * (explain)	R5	
Total fuel received (sum of lines R1 through R5)	page 1, line 2	

Disbursements schedule - Tax Exempt

D2 Export sales *	D2	
D3 Sales to foreign governments *	D3	
D9 Other * * (explain)	D9	
D11 Sales to authorized tribal entities * *	D11	
Total exempt gallons (sum of lines D2 through D11)	page 1, line 5	

Tax-paid credit gallons

1 Beginning inventory tax-paid fuel	1	
2 Gallons purchased/received tax paid (copy from line R1)	2	
3 Ending inventory tax-paid fuel	3	
4 Tax-paid credit gallons on fuel distributed (line 1 + line 2 - line 3)	page 1, line 7	4

Motor fuel allowance

1 Taxable gallons (copy from page 1, line 6)	1	
2 Tax-paid gallons received (copy from line R1)	2	
3 Total of line 1 - line 2	3	
4 Taxable handling allowance rate	4	0.0031
5 Taxable handling allowance gallons (line 3 x line 4)	page 1, line 8	5

* Support schedule required

* * One support schedule for each category required

<p>IMPORTANT-PLEASE READ. Payments and documents are sent to two separate addresses.</p>	<p>Send payments to: Prorate and Fuel Tax Department of Licensing PO Box 3777 Seattle, WA 98124-3777</p>	<p>Send or fax non-payment documents to: Fuel Tax Section Department of Licensing PO Box 9228 Olympia, WA 98507-9228 FAX: (360) 570-7842</p>
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