

# Motor Vehicle Fuel Importer Tax Return

# MI

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

<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    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
1 Fuel received (total from Receipts schedule on page 2)	1		
2 Tax-exempt gallons (total from Disbursements schedule on page 2)	2		
3 Taxable gallons (line 1 - line 2)	3		
4 Total motor fuel allowance (line 3 x .0031)	4		
5 Net taxable or credit gallons (line 3 - line 4)	5		
6 Motor fuel tax (line 5 x \$.375)	6		
7 Penalty after 25th of the month (line 6 x 2%)	7		
8 Sum of line 6 + line 7	8		
9 Interest (line 8 x 1% compounded monthly)	9		
10 Total fuel tax (line 8 + line 9)	10		
11 Previous payments for this reporting period	11		
12 If total of line 10 - line 11 is greater than zero, amount owed <span style="float: right;"><input type="checkbox"/> <b>EFT</b></span>	12		
13 If total of line 10 - line 11 is less than zero, net refund amount	13	(                    )	

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 Importer Tax Return

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

## Receipts schedule

R2a Imported fuel received direct to customer * *	R2a	
R5 Other * * (explain)	R5	
<b>Total fuel received (sum of lines R2a and R5)</b>		<b>page 1, line 1</b>

## Disbursements schedule - tax exempt

D3 Sales to foreign governments *	D3	
D9 Other * * (explain)	D9	
D11 Sales to authorized tribal entities * *	D11	
<b>Total exempt gallons (sum of lines D3 through D11)</b>		<b>page 1, line 2</b>

\* Support schedule required

\* \* One support schedule for each category required