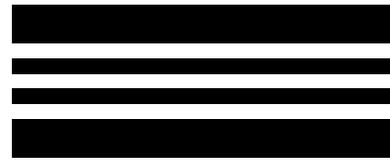




# Motor Vehicle Fuel Importer Tax Return



If payment is enclosed, send this completed form and supporting documents to:

Prorate and Fuel Tax, Department of Licensing, PO Box 3777, Seattle, WA 98124-3777

If payment is not enclosed, send this completed form and supporting documents to:

Fuel Tax Unit, Department of Licensing, PO Box 9228, Olympia, WA 98507-9228 or fax to (360) 570-7842

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	
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 before Aug. 2015)		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 <input type="checkbox"/> EFT		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.

\_\_\_\_\_  
Date and place X 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