

**Motor Vehicle Fuel
Exporter Tax Return**

ME

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 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 Exported fuel received (total from Receipts schedule on page 2)	1	
2 Tax-exempt gallons (total from Disbursements schedule on page 2)	2	
3 Tax-paid gallons received (Receipts schedule on page 2, line R1)	3	
4 Net taxable or credit gallons (line 1 - line 2 - line 3)	4	
5 Motor vehicle fuel tax (line 4 x \$.375)	5	
6 Penalty after 25th of the month (line 5 x 2%)	6	
7 Sum of line 5 + line 6	7	
8 Interest (line 7 x 1% compounded monthly)	8	
9 Total fuel tax (line 7 + line 8)	9	
10 Previous payments for this reporting period	10	
11 If total of line 9 - line 10 is greater than zero, amount owed <input type="checkbox"/> EFT	11	
12 If total of line 9 - line 10 is less than zero, net refund amount	12	()

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 Exporter Tax Return

Name _____ License number _____

Receipts schedule

R1 Tax-paid gallons received *	R1	
R3 Non-taxed gallons received *	R3	
R5 Other * * (explain)	R5	
Total fuel received (sum of lines R1 through R5)		page 1, line 1

Disbursements schedule - tax exempt

D2 Export sales *	D2	
D9 Other * * (explain)	D9	
Total exempt gallons (sum of lines D2 and D9)		page 1, line 2

* Support schedule required

* * One support schedule for each category required