

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

IMPORTANT-PLEASE READ Payments are mailed to a different address.

IF PAYMENT REQUIRED send with this form and supporting documents to:

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

IF PAYMENT NOT REQUIRED send this form and supporting documents to:

Fuel Tax Section
Department of Licensing
PO Box 9228
Olympia, WA 98507-9228
FAX: (360) 570-7842