

| | | | |
|--|--|---------------------------------------|----------------|
| A. Reporting period Year _____ Month _____ License number _____ | | For validation only. 108-030-116-0001 | |
| 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"/> Effective date | | | |
| C. Name and address | | Validated postmark date | |
| 1 Beginning physical inventory | | 1 | |
| 2 Fuel received (total from Schedule A 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 Schedule B on page 2) | | 5 | |
| 6 Taxable gallons (line 4 - line 5) | | 6 | |
| 7 Washington power take-off credit* | | 7 | |
| 8 Net taxable or credit gallons (line 6 - line 7) | | 8 | |
| 9 Special fuel tax (line 8 x tax rate) | | 9 | |
| 10 Penalty after 25th of the month (line 9 x 10%) | | 10 | |
| 11 Sum of line 9 + line 10 | | 11 | |
| 12 Interest after end of month (line 11 x 1%) | | 12 | |
| 13 Total fuel tax liability (line 11 + line 12) | | 13 | |
| 14 Previous payments (Amended returns only) | | 14 | () |
| 15 Sales tax credit (See instructions)* | | 15 | |
| 16 Total adjustments (line 14 + line 15) | | 16 | |
| 17 If total of line 13 - line 16 is greater than zero, amount owed | | 17 | |
| 18 If total of line 13 - line 16 is less than zero, net refund amount | | 18 | |

*** Support schedule required**

| | | | |
|--------------------------------------|--------------------------------|---|--|
| 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.

Dyed Diesel Fuel User Tax Return

Name _____ License number _____

Schedule A - Dyed Diesel Fuel Received

| | | |
|--|----|--|
| A1 Dyed diesel purchases | A1 | |
| A2 Other (explain) | A2 | |
| Total dyed diesel fuel received (Sum of lines A1 through A2) | | |

Schedule B - Tax Exempt Gallons Used

| | | |
|--|----|--|
| B1 In exempt vehicles | B1 | |
| B2 Washington off-highway gallons (used by licensed on-road vehicles)* | B2 | |
| B3 Non-highway equipment use | B3 | |
| B4 Other (explain) | B4 | |
| Total exempt gallons used (sum of lines B1 through B4) | | |

* Mileage and fuel totals for all vehicles must be retained.