

<b>A. Reporting period</b> Year _____ Quarter 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> License number _____	For validation only. 108-030-116-0001
<b>B.</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 _____	

<b>C. Name and address</b>    	Validated postmark date
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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.

<p><b>IMPORTANT-PLEASE READ</b> Payments are mailed to a different address.</p>	<p><b>IF PAYMENT REQUIRED</b> send with this form and supporting documents to: Prorate and Fuel Tax Department of Licensing PO Box 3777 Seattle, WA 98124-3777</p>	<p><b>IF PAYMENT NOT REQUIRED</b> send this form and supporting documents to: IFTA Tax Section Department of Licensing PO Box 9228 Olympia, WA 98507-9228 FAX: (360) 570-7839 or (360) 586-9729</p>
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