

Dyed Diesel Fuel User Tax Return



See next page for where to send this form.

A. Reporting period Year Quarter 1 2 3 4 License number B. No operations Amended return New address Effective date Late return Name change Cancel license	For validation only. 108-030-116-0001		
C.Name and address		Validated postma	ork data
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 \$.494)	9		
10 Penalty after 25th of the month (line 9 total x 10%) 1	0		
11 Sum of line 9 total + line 101	1		
12 Interest after end of month (line 11 x 1%) 1	2		
13 Total fuel tax liability (line 11 + line 12)		13	
14 Previous payments (Amended returns only) 1	4 ()	
15 Sales tax credit (See Fuel Tax Refund rates at www.dol.wa.gov) 1	5		
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		Contact name (If different	If different from person signing)		
Contact (area code) phone number	Contact (area code) fa	x number	Contact email address		

I declare under penalty of perjury under the law 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.

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Dyed Diesel Fuel User Tax Return

__ License number_____

Schedule A - Dyed diesel fuel received

A1 Dyed diesel purchases	A1	
A2 Other (explain)	A2	
Total dyed diesel (line A1 + line A2)	Line 2, Page 1	

Schedule B - Tax-exempt gallons used

B1	Gallons used in exempt vehicles	B1	
B2	Washington off-highway gallons (used by licensed on-road vehicles)*	B2	
B3	Gallons used in non-highway equipment	B3	
B4	Other (explain)	B4	
Tota	Il exempt (Add lines B1 through line B4) Line 5, Pa	ge 1	

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

If payment is enclosed, send this completed form and supporting documents to: Prorate and Fuel Tax, Department of Licensing, PO Box 9048, Olympia, WA 98507-9048

If payment is not enclosed, send this completed form and supporting documents to: IFTA Unit, Department of Licensing, PO Box 9228, Olympia, WA 98507-9228 or fax to (360) 570-7829 or (360) 570-7839