



Aviation Gasoline Tax Return



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:

Fuel Tax Unit, Department of Licensing, PO Box 9228, Olympia, WA 98507-9228 or fax to (360) 570-7842

A. Reporting period Year _____ Month _____ License number _____		For validation only. 039-030-115-0000	
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 ▶ _____			
C. Name and address		Validated postmark date	
1 Beginning physical inventory		1	
2 Fuel received (total from Receipts schedule 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 Disbursements schedule on page 2)		5	
6 Taxable gallons (line 4 - line 5)		6	
7 Tax-paid purchases (Receipts schedule on page 2, line R1)		7	
8 Net taxable or credit gallons (line 6 - line 7)		8	
9 Aviation gasoline fuel tax (line 8 x \$.11)	9		
10 Penalty after 25th of the month (line 9 x 10%)	10		
11 Sum of line 9 + line 10	11		
12 Interest (line 11 x 1% compounded monthly)	12		
13 Total fuel tax (line 11 + line 12)		13	
14 Previous payments for this reporting period		14	
15 If total of line 13 - line 14 is greater than zero, amount owed	<input type="checkbox"/> EFT	15	
16 If total of line 13 - line 14 is less than zero, net refund amount		16	()

Printed name of person signing		Contact name (If different from person signing)	
Contact (area code) phone number	Contact (area code) fax number	Contact email address	

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____ **X** _____
Date and place Signature

Please keep a copy of this tax return for your records.



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Name _____ License number _____

Receipts schedule

R1 Tax-paid gallons received *	page 1, line 7	R1	
R2 Non-taxed gallons produced or received from Washington licensed distributors *		R2	
R3 Imported gallons received direct to customer *		R3	
R4 Imported directly to licensed tax-free storage *		R4	
R5 Other ** (Including gains from bulk storage, temperature adjustments, and transportation) (explain)		R5	
Total fuel received (sum of lines R1 through R5)		page 1, line 2	

Disbursements schedule - Fuel tax-exempt

D1 Sales to Washington licensed distributors *		D1	
D2 Export sales **		D2	
D3 Export sales by unlicensed purchasers **		D3	
D4 Sales to U.S. government agencies		D4	
D5 Sales to Washington certified users *		D5	
D6 Sales to exempt aircraft		D6	
D7 Sales to emergency medical air transport entities		D7	
D8 Other ** (Including losses from bulk storage, temperature adjustments, and transportation) (explain)		D8	
Total tax-exempt gallons (sum of lines D1 through D8)		page 1, line 5	

* Support schedule required

** One support schedule for each category required