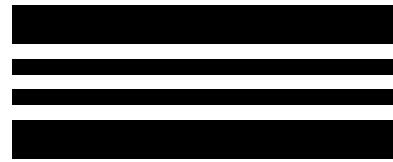




Special Fuel Supplier Tax Return



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. 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"/>			
C. Name and address		Validated postmark date	
1 Beginning physical inventory, non-dyed		1	
2 Fuel received, non-dyed (total from Receipts schedule on page 2)		2	
3 Ending physical inventory, non-dyed		3	
4 Total accountable gallons (line 1 + line 2 - line 3)		4	
5 Tax exempt gallons, non-dyed (total from Disbursement schedule on page 2)		5	
6 Taxable gallons (line 4 - line 5)		6	
7 Tax paid purchases (Receipts schedule, page 2 line R1)		7	
8 Net taxable or credit gallons (line 6 - line 7)		8	
9 Special fuel tax (line 8 x \$.445) (or x \$.375 before Aug. 2015)	9		
10 Penalty after 25th of 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) telephone number	Contact (area code) fax number	Contact email address	

I certify under penalty of perjury under the laws of the state 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.



Special Fuel Supplier Tax Return

Name _____ License number _____

Inventory

	Special Fuel		Biodiesel		Total
Beginning Non-dyed		+		=	
Ending Non-dyed		+		=	
Beginning Dyed		+		=	
Ending Dyed		+		=	

Page 1, line 3

Receipts schedule - Non-dyed

R1 Tax paid gallons received *	R1	
R2a Imported gallons received direct to customer **	R2a	
R2b Imported direct to licensed terminal rack **	R2b	
R3 Non-taxed gallons received or produced **	R3	
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 - Tax exempt non-dyed

D1 Sales to Washington licensed Suppliers *	D1	
D2 Export sales *	D2	
D4 Sales to licensed exporters *	D4	
D6 Sales to exempt entities *	D6	
D8 Non-dyed special fuel rebranded to dyed *	D8	
D9 Other ** (explain)	D9	
D10 Sales to carriers with IFTA authorization *	D10	
D11 Sales to authorized tribal entities **	D11	
Total exempt gallons (sum of lines D1 through D11)	page 1, line 5	

Dyed Special Fuel

1 Received from Washington licensed suppliers (do not include dyed biodiesel) *	1	
2 Received from Washington licensed importers (do not include dyed biodiesel) *	2	
3 Export sales of dyed special fuel (do not include dyed biodiesel) *	3	
4 Dyed biodiesel received from Washington licensed suppliers *	4	
5 Dyed biodiesel received from Washington licensed importers *	5	
6 Export sales of dyed biodiesel *	6	

* Support schedule required

** One support schedule for each category required