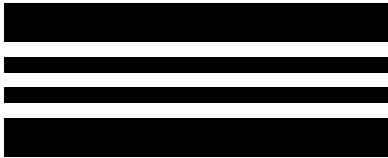




Motor Vehicle Fuel Blender Tax Return



See next page for mailing instructions.

A. Reporting period Year _____ Month _____ License number _____	For validation only. 108-030-115-0001
B. <input type="checkbox"/> No operations <input type="checkbox"/> Amended return <input type="checkbox"/> New address 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 credit gallons (line 4 on page 2 Tax-paid credit gallons)	7	
8 Net taxable or credit gallons (line 6 – line 7)	8	
9 Motor vehicle fuel tax (line 8 x \$.445) (or x \$.375 before Aug. 2015)	9	
10 Penalty after 25th of the month (line 9 x 2%)	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 (if available)

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.



Motor Vehicle Fuel Blender Tax Return

Name _____ License number _____

Inventory

	Motor vehicle fuel		Ethanol		Total	
Beginning		+		=		page 1, line 1
Ending		+		=		page 1, line 3

Receipts schedule

R1 Tax-paid gallons received *	R1	
R3 Non-taxed gallons received or produced * *	R3	
R4 Non-taxed gallons of blend stock received *	R4	
R5 Other * * (explain)	R5	
Total fuel received (sum of lines R1 through R5)	page 1, line 2	

Disbursements schedule - Tax exempt

D2 Export sales *	D2	
D3 Sales to foreign governments *	D3	
D9 Other * * (explain)	D9	
D11 Sales to authorized tribal entities * *	D11	
Total exempt gallons (sum of lines D2 through D11)	page 1, line 5	

Tax-paid credit gallons

1 Beginning inventory tax-paid fuel	1	
2 Gallons purchased/received tax paid (copy from line R1)	2	
3 Ending inventory tax-paid fuel	3	
4 Tax-paid credit gallons on fuel distributed (line 1 + line 2 - line 3)	page 1, line 7	4

* Support schedule required

* * One support schedule for each category required

Mailing instructions

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