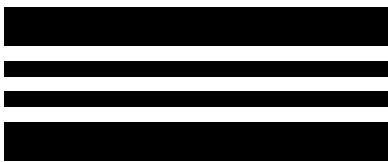




# Special Fuel Exporter Tax Return



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	Exported non-dyed fuel received (total from Receipts schedule on page 2)	1	
2	Tax exempt non-dyed gallons (total from Disbursement schedule on page 2)	2	
3	Tax paid non-dyed gallons received (Receipts schedule line R1)	3	
4	Net taxable or credit gallons (line 1 - line 2 - line 3)	4	
5	Special fuel tax (line 4 x \$.445) (or x \$.375 before Aug. 2015)	5	
6	Penalty after 25th of month (line 5 x 10%)	6	
7	Sum of line 5 + line 6	7	
8	Interest (line 7 x 1% compounded monthly)	8	
9	Total fuel tax (line 7 + line 8)	9	
10	Previous payments for this reporting period	10	
11	If total of line 9 - line 10 is greater than zero, amount owed <input type="checkbox"/> EFT	11	
12	If total of line 9 - line 10 is less than zero, net refund amount	12	( )

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.

\_\_\_\_\_  
Date and place **X** Signature

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



# Special Fuel Exporter Tax Return

Name \_\_\_\_\_ License number \_\_\_\_\_

## Receipts schedule - Non-dyed

R1 Tax paid gallons received *	R1	
R3 Non-taxed gallons received *	R3	
R5 Other ** (explain)	R5	
<b>Total fuel received (sum of lines R1 through R5)</b>		<b>Page 1, line 1</b>

## Disbursement schedule - Tax exempt - Non-dyed

D2 Export sales *	D2	
D9 Other ** (explain)	D9	
<b>Total exempt gallons (sum of lines D2 and D9)</b>		<b>Page 1, line 2</b>

## 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