

Dyed Diesel Fuel User Tax Return

DD

See next page for where to send this form.

A Reporting period Year Quarter 1 2 3 4 License number		
C. Name and address Validated postmark date 1 Beginning physical inventory 1 Equipment (total from Schedule A on page 2) 2 Equipment (total from Schedule A on page 2) 3 Ending physical inventory 4 Total accountable gallons (line 1 + line 2 - line 3) 4 Total accountable gallons (total from Schedule B on page 2) 5 Tax-exempt gallons (total from Schedule B on page 2) 6 Taxable gallons (line 4 - line 5) 7 Washington power take-off credit* 7 Net taxable or credit gallons (line 6 - line 7) 8 Net taxable or credit gallons (line 8 x \$.494) 9 Special fuel tax (line 8 x \$.494) 10 Penalty after 25th of the month (line 9 total x 10%) 11 Sum of line 9 total + line 10 12 Interest after end of month (line 11 x 1%) 12		
C. Name and address Validated postmark date		
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13 Total fuel tax liability (line 11 + line 12)		
14 Previous payments (Amended returns only) 14 ()		
15 Sales tax credit (See Fuel Tax Refund rates at www.dol.wa.gov) 15		
16 Total adjustments (line 14 + line 15)		
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 (If different from person signing)		
Contact (area code) phone number Contact (area code) fax number Contact email address		
Contact (and code) phone manuaci.		
declare under penalty of perjury under the law of Washington that the foregoing is true and correct.		
Date and place Signature		

Dyed Diesel Fuel User Tax Return

Name	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
Total exempt (Add lines B1 through line B4)	Line 5, Page 1

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

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