

See next page for where to send this form.

A. Reporting period Year _____ Quarter 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 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"/> Effective date _____			
C. Name and address		Validated postmark date	
1 Beginning physical inventory	1		
2 Fuel received (total from Schedule A 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 Schedule B on page 2)	5		
6 Taxable gallons (line 4 - line 5)	6		
7 Washington power take-off credit*	7		
8 Net taxable or credit gallons (line 6 - line 7)	8		
9 Special fuel tax (line 8 x \$.494)	9		
10 Penalty after 25th of the month (line 9 total x 10%)	10		
11 Sum of line 9 total + line 10	11		
12 Interest after end of month (line 11 x 1%)	12		
13 Total fuel tax liability (line 11 + line 12)	13		
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)	16		
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) 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.

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	

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

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