

Licensed Distributor's Schedule of Tax-Exempt Disbursements

Use this form for tax-exempt sales of special fuel to:

- City and county transit systems
- City, county, and state road construction and maintenance departments
- Federal government agencies
- Fire departments

Include copies of tax-exempt sales invoices with this form.

Distributor name _____ License number _____

Refund claim period _____ Refund permit number _____

Name of buyer	Sales tax charged?	Number of gallons
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total		

The fuel sold did not contain any visible evidence of dye.

Signature required

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

PRINT or TYPE Name

(Area code) Telephone number

X _____
Signature

Date and place