Click here to START or CLEAR, then hit the TAB button

WASHINGTON STATE DEPARTMENT OF LICENSING

Fuel Carrier Report

Account number	Reporting period Month _____ Year _____	Report type ☐ Original ☐ Amended
Name and address ☐ New address		

Total gallons of fuel loaded at:	Motor Fuel	Special Fuel	Dyed Special Fuel	Aviation Gasoline	Jet Fuel
1. Washington terminal, refinery storage, or bulk plant and delivered to another state or country. (Schedule 14A)					
2. An out-of-state terminal or bulk plant and delivered in Washington (Schedule 14B)					
3. A Washington terminal or bulk plant and delivered in Washington. (Schedule 14C)					
Total gallons					

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 (if available)

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

Date

X When you have completed this form, please print it out and sign here.

Signature

Submit your report and supporting documents:

Online: Taxpayer Access Point (TAP) at https://wadolprft.gentax.com/TAP/_/

Mail: Department of Licensing
Fuel Tax Unit
PO Box 9228
Olympia, WA 98507-9228

Questions
Contact us at (360) 664-1852. For more information, visit our website at www.dol.wa.gov.