



FUEL SUPPLIER / DEALER TAX RETURN

Company Name / Registrant Name: _____
Company Name (Legal Business Name) / Registrant Name

Account Number: _____ **FEIN:** _____

Mailing Address: _____
Address City State Zip Code

Physical Address: _____
Address City State Zip Code

To cancel, attach your license and indicate effective date: _____
Effective Date of Cancellation

Check here if this is an amended return

Reporting for the period of: _____
Period Reporting Dater

Inventory	Gasoline	Gasohol	Clear Diesel / Kerosene	Dyed Diesel / Kerosene	CNG	LPG	A-55	Jet Fuel	Aviation Fuel	Ethanol	Methanol
1. Beginning Inventory <small>(Prior month's ending inventory)</small>											
2. Receipts	+	+	+	+	+	+	+	+	+	+	+
3. Blend Products	+	+	+	+							
4. Ending Physical Inventory	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >	< >
5. Total Fuel to be Accounted For <small>(Sum of lines 1 through 3 minus line 4)</small>	=	=	=	=	=	=	=	=	=	=	=

6. Taxable Gallons Sold <small>(From Disbursement Summary lines 1 & 8)</small>				Non Taxable							Non Taxable	Non Taxable
7. Non-Taxable Gallons Sold <small>(From disbursement Summary, lines 7 & 14)</small>	+	+	+	+	+	+	+	+	+	+	+	+
8. Total Fuel Disbursed <small>(Sum of Lines 6 + 7)</small>	=	=	=	=	=	=	=					

Inventory	Gasoline	Gasohol	Clear Diesel / Kerosene	Dyed Diesel / Kerosene	CNG	LPG	A-55	Jet Fuel	Aviation Fuel	Ethanol	Methanol
9. Taxable Gallons Sold (Same as line 6)				Non Taxable				Worksheet #3	Worksheet #4	Non Taxable	Non Taxable
10. Net Tax Rate (Includes Collection Allowance)	X 0.2254	X 0.2254	X 0.2646		X 0.2058	X 0.2156	X 0.1862				
11. State Tax Collected (Total columns on line 11 & enter on line 12)	=	=	=		=	=	=				

12. Subtotal (Total ALL Columns, Line 11)		16. Aviation Fuel Tax – State (From Worksheet 4)		20. Jet Fuel Tax – County (From Worksheet 3)		24. Penalty	
13. County Taxes (From Worksheet 1)		17. Subtotal (Total lines 12 through 16)		21. Aviation Fuel Tax – County (From Worksheet 4)		25. Interest	
14. County Index (From Worksheet 1A & Worksheet 1A(SF))		18. Inspection Fees (From Worksheet 2)		22. Total Tax Due (Total lines 17 through 21)		26. Late Load Reporting (From Worksheet 1b)	
15. Jet Fuel Tax - State of Nevada (From Worksheet 3)		19. Cleanup Fees (From Worksheet 2)		23. Worksheet 6 Amount		27. Total Due	

Under penalties of perjury I declare that, as Taxpayer or Preparer, I have examined this return and accompanying schedules and worksheets, and to the best of my knowledge and belief they are true, correct, and complete.

Printed Full Legal Name (and title if applicable)	Signature	Date
Contact Name	Phone Number and Fax Number	E-Mail Address

FOR OFFICE USE ONLY

\$ Received _____	Postmark Date _____	Comments: _____
Check Number _____	Employee Initials _____	
Deposit Date _____	Received Timely? (Check Yes or No)	
	<input type="checkbox"/> Yes / <input type="checkbox"/> No If not received timely, enter the number of months late in the space provided to the right: _____	MOS. _____