

P.O. DRAWER E
DOVER DE 19903-1565
PHONE: 302-744-2711

STATE OF DELAWARE
MOTOR FUEL TAX ADMINISTRATION
LICENSED SPECIAL FUEL SUPPLIER TAX RETURN

- Original Return
- Amended Return
- Final Return
- No Activity

RETURN MONTH/YEAR	LICENSE NO.	FEIN/SSN#:	
NAME OF LICENSEE			
ADDRESS			
CITY, STATE, ZIP CODE			

RECEIPTS: (INDICATE RECEIPT SCHEDULE NUMBER AND PRODUCT CODE; ENTER GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.
DO NOT USE OR SHOW TENTHS; SEE INSTRUCTIONS FOR FURTHER DETAIL.)

1. TAX PAID & TAX FREE SPECIAL FUEL PURCHASES:			
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____

DISBURSEMENTS: (INDICATE DISBURSEMENT SCHEDULE NUMBER AND PRODUCT CODE; ENTER GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.
DO NOT USE OR SHOW TENTHS; SEE INSTRUCTIONS FOR FURTHER DETAIL.)

2. TAXABLE SALES/USE:		
SCHEDULE NUMBER	PRODUCT CODE	GALLONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL TAXABLE SALES/USE		_____

3. NON-TAXABLE SALES/USE/EXPORTS:		
SCHEDULE NUMBER	PRODUCT CODE	GALLONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL NON-TAXABLE SALES/USE/EXPORTS		_____

4. TOTAL TAXABLE SALES/USE DISBURSEMENTS: (TOTAL PER BOX 2) _____

5. LESS: TAX PAID SPECIAL FUEL PURCHASES (PER RECEIPT SCHEDULE #1) _____

6. LESS: CREDIT CARD SALES TO AUTHORIZED EXEMPT ENTITIES (ATTACH DISBURSEMENT SCHEDULE 11) _____

7. TOTAL NET TAXABLE SALES/USE DISBURSMENTS (LINE 4 LESS LINES 5 & 6) _____

8. NET TOTAL TAX DUE (LINE #7 X .22 CENTS PER GALLON) _____

9. CREDITS APPLIED (Attach Copies of all valid credit memos) _____

10. TOTALNET TAX DUE (LINE 8 LESS LINE 9) _____

MAKE CHECK PAYABLE TO MOTOR FUEL TAX ADMINISTRATION

CHECK#

CERTIFICATION: I HEREBY CERTIFY UNDER THE PENALTIES OF PERJURY THAT THIS RETURN IS A TRUE, COMPLETE AND CORRECT REPORT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT NAME	SIGNATURE	TITLE	DATE
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MAKE CHECK PAYABLE TO MOTOR FUEL TAX ADMINISTRATION FOR TOTAL TAX DUE AND MAIL WITH RETURN TO: MOTOR FUEL TAX ADMINISTRATION, P.O. DRAWER E, DOVER, DELAWARE, 19903-1565. RETURN AND PAYMENT MUST BE MAILED ON OR BEFORE THE 25TH DAY OF THE MONTH FOLLOWING THE PERIOD OF THIS RETURN. A RETURN MUST BE FILED EVEN IF THERE ARE NO TRANSACTIONS. ANY LICENSED ACCOUNT THAT HAS A COMBINED MONTHLY TAX LIABILITY EXCEEDING \$20,000 MUST REMIT TAX PAYMENT VIA ELECTRONIC FUNDS TRANSFER (EFT). ANY QUESTIONS, CALL (302) 744-2711.