

PO DRAWER E
DOVER DE 19903-1565
PHONE: 302-744-2711

STATE OF DELAWARE
MOTOR FUEL TAX ADMINISTRATION
LICENSED SPECIAL FUEL USER/DEALER RETURN

- Original Return
- Amended Return
- Final Return

RETURN MONTH/YEAR	USER LIC#	DEALER LIC#	FEIN/SSN #:
NAME OF LICENSEE			
ADDRESS			
STORAGE TANK LOCATION IN DELAWARE			
SEE INSTRUCTIONS		DO NOT USE OR SHOW TENTHS	

RECEIPTS AND DISBURSEMENTS

1. OPENING INVENTORY _____

2. RECEIPTS DURING MONTH: INDICATE RECEIPT SCHEDULE NUMBER, PRODUCT CODE AND GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.

SCHEDULE NUMBER: _____	PRODUCT CODE: _____	GALLONS: _____	
SCHEDULE NUMBER: _____	PRODUCT CODE: _____	GALLONS: _____	TOTAL RECEIPTS _____

3. **TOTAL TO BE ACCOUNTED FOR: (LINE 1 PLUS LINE 2)** _____

4. A. TAXABLE USE _____	B. TAXABLE SALES _____	TOTAL TAXABLE GALLONS (LINE 4A PLUS 4B) _____
5. A. NON-TAXABLE USE _____	B. NON-TAXABLE SALES _____	TOTAL NON-TAXABLE GALLONS (LINE 5A PLUS 5B) _____

6. TOTAL DISBURSEMENTS: (LINE 4 PLUS LINE 5) _____

7. CLOSING INVENTORY (LINE 3 MINUS LINE 6) _____

8. ACTUAL INVENTORY _____

9. LOSS (LINE 7 MINUS LINE 8) _____

10. GAIN (LINE 8 MINUS LINE 7) _____

TAX COMPUTATION

11. TOTAL TAXABLE GALLONS (FROM LINE 4A + 4B) _____

12. LESS TAX PAID GALLONS (AS REPORTED ON RECEIPTS SCHEDULE #1) _____

13. NET TOTAL TAX DUE (LINE 11 MINUS LINE 12 X \$0.22 CENTS PER GALLON) _____

14. CREDITS APPLIED (Attach copies of all valid credit memos) _____

15. TOTAL NET TAX DUE (LINE 13 LESS LINE 14) _____

CHECK # _____

CERTIFICATION

I HEREBY CERTIFY UNDER THE PENTALTIES 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.