



OFFICIAL USE ONLY Vendor ID # 0002

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Federal Employer Identification Number (FEIN) Tax Period Ending (MMYY) Fill in if amended return.

Name of Importer Fill in if this is a final return.

Mailing address line 1

Mailing address line 2 Phone number of person to contact

City State Zip Code + 4

Inventories (all Fuels: Diesel & Gasoline)	Gallons	Distribution (all Fuels: Diesel & Gasoline)	Gallons
1. Opening inventory (including in transit)	<input type="text"/>	10. Sales and transfers out of DC (Schedule 10)	<input type="text"/>
2. Receipts at marketing locations in DC from sources outside DC (Schedule 2)	<input type="text"/>	11. Sales to licensed importers in DC (Schedule 11)	<input type="text"/>
3. Receipts at marketing locations in DC from sources within DC (Schedule 3)	<input type="text"/>	12. Sales to: (Schedule 12)	
4. Direct delivery to other states (Schedule 4)	<input type="text"/>	(a) US Government <input type="text"/>	
5. Direct delivery to customers in DC (Schedule 5)	<input type="text"/>	(b) DC Government <input type="text"/>	
6. Other receipts (Schedule 6)	<input type="text"/>	<input type="text"/> + <input type="text"/> = <input type="text"/>	
7. Total (add Lines 1 - 6)	<input type="text"/>	13. Other non-taxable distributions (Schedule 13)	<input type="text"/>
8. Minus closing inventory (including in transit)	<input type="text"/>	14. Gain or loss. (If a gain, use minus sign to deduct) <input type="radio"/>	<input type="text"/>
9. To be accounted for (Line 7 minus Line 8)	<input type="text"/>	15. Total non-taxable distributions (add Lines 10 - 14)	<input type="text"/>
		16. Taxable Sales	<input type="text"/>
		17. Sales at self-operated retail service stations	<input type="text"/>
		18. Taxable Use	<input type="text"/>
		19. Total taxable distribution (add Lines 16, 17 and 18)	<input type="text"/>
		20. Total of Lines 15 and 19 (must equal Line 9)	<input type="text"/>

Tax Computation	Gallons	Dollars only
21. Total taxable distribution of all Fuels: Diesel & Gasoline (from Line 19) X the set rate per gallon	<input type="text"/>	\$ <input type="text"/> .00
22. Total Taxable Sales and Use of Diesel Fuel (Schedule 22) gallons only.	<input type="text"/>	
23. Minus tax paid on purchases (Schedules 2, 3, 4 and 5)	<input type="text"/>	\$ <input type="text"/> .00
24. Minus previously taxed sales to:		
(a) US Government <input type="text"/>		
(b) DC Government <input type="text"/>		
(c) Diplomatic Corps Members <input type="text"/>		
<input type="text"/> + <input type="text"/> + <input type="text"/> = <input type="text"/>		\$ <input type="text"/> .00
25. Subtract total of Lines 23 and 24 from Line 21.	<input type="text"/>	\$ <input type="text"/> .00
26. Adjustment of previous month's report (Schedule 26) Add or deduct. Use minus sign to deduct <input type="radio"/>	<input type="text"/>	\$ <input type="text"/> .00
27. Tax Due (Combine Lines 25 and 26. If a tax is due, enter the amount.) Will the funds for this payment come from an account outside the US? Yes <input type="radio"/> No <input type="radio"/> See instructions.	<input type="text"/>	\$ <input type="text"/> .00
28. Refund Due (Combine Lines 25 and 26. If there is an overpayment, enter the amount.) Do not bracket the amount. Will the refund you requested go to an account outside the US? Yes <input type="radio"/> No <input type="radio"/> See instructions.	<input type="text"/>	\$ <input type="text"/> .00
29. Penalty \$ <input type="text"/> 00 and Interest \$ <input type="text"/> 00 due on the Line 27 amount		\$ <input type="text"/> .00
30. Total amount due (add Lines 27 and 29)		\$ <input type="text"/> .00

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

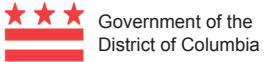
Designee's name Phone number

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Officer's signature _____ Title _____ Date _____ Paid preparer's signature (If other than taxpayer) _____ Date _____

Preparer's PTIN Preparer's Phone Number

Make check payable to DC TREASURER and mail with return to OFFICE OF TAX AND REVENUE; AUDIT DIVISION; PO BOX 556, WASHINGTON, DC 20044



Schedules 2, 3, 4 and 5

Schedule (indicate whether 2,3,4 or 5)

Importer's Name

Month Year

FEIN Number

Gallons

Day	Method of Delivery	Bill of Lading Number	Purchased from	Point of shipment	Sold to (Schedules 4 and 5 only)	Point of Delivery	Col. A *Tax paid	Col. B Tax unpaid

Total (*Gallage Column A, enter on Line 23 of FR-400M)

Total Gallonage (Column A plus Column B) enter on FR-400M on the line designated for this schedule (e.g. 2, 3, 4, or 5)

