



OFFICIAL USE ONLY
Vendor ID # 0002

Federal Employer Identification Number (FEIN) _____ Tax Period Ending (MMYY) _____
 Name of Importer _____
 Mailing address line 1 _____
 Mailing address line 2 _____
 City _____ State _____ Zip Code + 4 _____

Fill in if amended return.
 Fill in if this is a final return.
 Phone number of person to contact _____

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

Tax Computation	Gallons	Dollars only
21. Total taxable distribution of all Fuels: Diesel & Gasoline (from Line 19) X the set rate per gallon		\$ _____ 00
22. Total Taxable Sales and Use of Diesel Fuel (Schedule 22) gallons only.		
23. Minus tax paid on purchases (Schedules 2, 3, 4 and 5)		\$ _____ 00
24. Minus previously taxed sales to:		
(a) US Government		
(b) DC Government		
(c) Diplomatic Corps Members		
	+	=
25. Subtract total of Lines 23 and 24 from Line 21.		\$ _____ 00
26. Adjustment of previous month's report (Schedule 26) Add or deduct. Use minus sign to deduct <input type="radio"/>		\$ _____ 00
27. Tax Due (Combine Lines 25 and 26. If a tax is due, enter the amount.)		\$ _____ 00
28. Refund Due (Combine Lines 25 and 26. If there is an overpayment, enter the amount.) Do not bracket the amount.		\$ _____ 00
29. Penalty \$ _____ 00 and Interest \$ _____ 00 due on the Line 27 amount		\$ _____ 00
30. Total amount due (add Lines 27 and 29)		\$ _____ 00

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 FEIN, SSN or PTIN _____
 Preparer's Phone Number _____