

DLN

DATE RECEIVED: ___/___/___

LIQUID FUELS AND FUELS TAX REPORT TAX PERIOD: 20 05 TAX PERIOD END DATE _____ DUE DATE: _____

READ INSTRUCTIONS CAREFULLY

This Report together with your remittance must be filed with the PA Department of Revenue or before the 20TH day of the month following the month for which the report is being Reports MUST be filed each month even though no taxes are due.

I (WE) _____ HEREBY SWEAR OF AFFIRM UNDER PENALTIES PRESCRIBED BY LAW, THAT THIS REPORT IS A TRUE AND CORRECT RECORD OF MY (OUR) TRANSACTIONS IN LIQUID FUELS AND FUELS FOR THE AB TAX PERIOD.

BY _____ DATE _____
 Signature of Person Authorized to Sign Report

Print or Type Name _____

CONTACT PERSON: _____

TELEPHONE: (____) _____ EXT: _____

ITEM/GALLONS	LIQUID FUELS (GASOLINE/GASOHOL)	FUELS (DIESEL/KEROSENE)	JET FUEL	AVIATION GAS	
1. OPENING INVENTORY (INCLUDE IN TRANSIT) (CLOSING INV. FROM PRIOR MONTH)					
2. RECEIPTS (FROM 1096B, SECTION I, LINE 8)					
3. TOTAL INVENTORY PLUS RECEIPTS (LINE 1 PLUS LINE 2)					
4. CLOSING INVENTORY (ACTUAL PHYSICAL INVENTORY) (SEE OPENING INV. INSTRUCTIONS)					
5. GALLONS TO ACCOUNT FOR (LINE 3 MINUS LINE 4)					
6. DISBURSEMENTS (FROM 1096B, SECTION II, LINE 8)					
7. STOCK GAIN OR LOSS (LINE 5 MINUS LINE 6)					
	Col. A.	Col. B.	Col. C.	Col. D.	Col. E.
	Liquid Fuels	Fuels	Jet Fuel	Aviation Gas	Totals
	(Gasoline/Gasohol)	(Diesel/Kerosene)			
8. TAXABLE SALES (FROM SCHEDULE 5)					
9. TAXABLE USE (FROM SCHEDULE 50)					
10. LESS TAX PAID PURCHASES (FROM SCHEDULE 1 AND 1F)					
11. LESS DEALER (CREDIT CARD) SALES TO:					
a. U.S. GOVERNMENT					
b. PA AND POLITICAL SUBS					
OTHER EXEMPT ENTITIES					
12. NET TAXABLE GALLONS (LINE 8 PLUS LINE 9 MINUS 10 AND 11)					
13. TAX RATE	.120	.120	.020	.047	
14. GROSS EXCISE TAX DUE (LINE 12 X RATE ON LINE 13)					
15. % OF GROSS TAX TO TOTAL		%	%	%	100%
16. LESS APPORTIONED DISCOUNT					
17. NET EXCISE TAX DUE (LINE 14 MINUS LINE 16)					
18. OFT TAX RATE	.180	.244			
19. OFT TAX DUE (LINE 12 X RATE ON LINE 18)					
(LINE 17E PLUS 19E)					
ADJUSTMENTS					
(ATTACH REV-33)					

Make an "X" in the applicable box: payment remitted via (EFT) certified check
 * MAKE CHECK PAYABLE TO: "PA DEPARTMENT OF REVENUE". SEE INSTRUCTIONS FOR CORRECT MAILING ADDRESS.