



OFFICIAL USE ONLY

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"/>	<input type="text"/>	10. Sales and transfers out of DC (Schedule 10)	<input type="text"/>	<input type="text"/>
2. Receipts at marketing locations in DC from sources outside DC (Schedule 2)	<input type="text"/>	<input type="text"/>	11. Sales to licensed importers in DC (Schedule 11)	<input type="text"/>	<input type="text"/>
3. Receipts at marketing locations in DC from sources within DC (Schedule 3)	<input type="text"/>	<input type="text"/>	12. Sales to: (Schedule 12)		
4. Direct delivery to other states (Schedule 4)	<input type="text"/>	<input type="text"/>	(a) US Government	<input type="text"/>	<input type="text"/>
5. Direct delivery to customers in DC (Schedule 5)	<input type="text"/>	<input type="text"/>	(b) DC Government	<input type="text"/>	<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"/>	<input type="text"/>	13. Other non-taxable distributions (Schedule 13)	<input type="text"/>	<input type="text"/>
8. Minus closing inventory (including in transit)	<input type="text"/>	<input type="text"/>	14. Gain or loss. (If a gain, use minus sign to Deduct) <input type="radio"/>	<input type="text"/>	<input type="text"/>
9. To be accounted for (Line 7 minus Line 8)	<input type="text"/>	<input type="text"/>	15. Total non-taxable distributions (add Lines 10 - 14)	<input type="text"/>	<input type="text"/>
			16. Net Taxable Sales	<input type="text"/>	<input type="text"/>
			17. Sales at self-operated retail service stations	<input type="text"/>	<input type="text"/>
			18. Taxable Use	<input type="text"/>	<input type="text"/>
			19. Total taxable distribution (add Lines 16, 17 and 18)	<input type="text"/>	<input type="text"/>
			20. Total of Lines 15 and 19 (must equal Line 9)	<input type="text"/>	<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"/>	\$ <input type="text"/> 00
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:		\$ <input type="text"/> 00
(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"/> 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.)	<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.	<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"/>	\$ <input type="text"/> 00
30. Total amount due (add Lines 27 and 29)	<input type="text"/>	\$ <input type="text"/> 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.

Preparer's FEIN, SSN or PTIN

Preparer's Phone Number

Officer's signature Title Date

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

MFT004