

Form MFT-1

Motor Fuel Distributor's Tax Return



13120599990101

Name			Federal employer identification number		
Address			For the month ending:		
			MM/DD/YYYY		
Address 2			Distributor's license number		
City, town or post office		State	ZIP code	E-mail address	

Inventory and Receipts

- 1 Opening inventory (including in transit).....
- 2 Gallons received/imported from sources outside this state.....
- 3 Gallons received from sources within this state.....
- 4 Gallons received in this state and shipped directly to customers in other states.....
- 5 Gallons received in this state and shipped directly to customers in this state.....
- 6 Total changes. Add lines 1 through 5.....
- 7 Closing inventory (including in transit).....
- 8 Total gallons. Subtract line 7 from line 6. This amount must agree with line 19..

	Gasoline	Diesel or Other
1		
2		
3		
4		
5		
6		
7		
8		

Disbursements

- 9 Gallons sold or delivered out of Rhode Island.....
- 10 Gallons sold to licensed exporters.....
- 11 Gallons sold to licensed distributors.....
- 12 Gallons sold to United States government.....
- 13 Other non-taxable distribution.....
- 14 Gain or loss.....
- 15 Total non-taxable distribution. Add lines 9 through 14
- 16 Taxable sales.....
- 17 Taxable gallons consumed or used.....
- 18 Total taxable distribution. Add lines 16 and 17
- 19 Total gallons. Add lines 15 and 18. This amount must agree with line 8

9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

Tax Computation

- 20 Total taxable distribution. Add the amounts from both columns on line 18.....
- 21 Less dealer sales to United States government.....
- 22 Total taxable distribution. Subtract line 21 from line 20.....
- 23 Add or deduct adjustments on previous month's return.....
- 24 Adjusted taxable distribution. Combine lines 22 and 23.....
- 25 Motor fuel tax due. Multiply line 24 by current rate.....

	Gallons	Amount
20		
21		
22		
23		
24		
25		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code PTIN

May the Division of Taxation contact your preparer? YES

Revised 03/2021

Key #7

Form MFT-1

Motor Fuel Distributor's Tax Return



13120599990102

Name	Federal employer identification number

MOTOR FUEL TAX - MULTIPLE SCHEDULES OF RECEIPTS
USE SEPARATE FORM FOR EACH SCHEDULE AND PRODUCT

Product Code	
A	Gasoline
B	Alcohol/Gasoline
C	Aviation gasoline
D	Jet fuel
E	Diesel fuel
F	Other (identify)

If you have gallons listed on page 1, line 2, 3, 4, or 5 of Form MFT-1, you must complete the schedule below. A separate schedule for each line number and product type must be filed.

Schedule for line #: _____

Product Code: _____

Date MM/DD/YY	Name of Carrier	Origin	Destination	Acquired From	Invoice or Document Number	Billed Gallons

All columns must be completed for each transaction.Totals - - - >

Form MFT-1

Motor Fuel Distributor's Tax Return



13120599990103

Name	Federal employer identification number

MOTOR FUEL TAX - MULTIPLE SCHEDULES OF DISBURSEMENTS
USE SEPARATE FORM FOR EACH SCHEDULE AND PRODUCT

	Product Code
A	Gasoline
B	Alcohol/Gasoline
C	Aviation gasoline
D	Jet fuel
E	Diesel fuel
F	Other (identify)

If you have gallons listed on page 1, line 9, 10, 11, 12, 13 or 16 of Form MFT-1, you must complete the schedule below. A separate schedule for each line number and product type must be filed.

Schedule for line #: _____

Product Code: _____

Date MM/DD/YY	Name of Carrier	Origin	Destination	Purchasers Name	Invoice or Document Number	Billed Gallons
All columns must be completed for each transaction.Totals - - - >						