

| |
|------------------------|
| NAME |
| ADDRESS |
| CITY, STATE & ZIP CODE |

HTDM-W



16125199990101

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

FORM HTDM-W
REV 07/2017

| | |
|-------------------------------|-------------------------|
| TITLE | DATE |
| ACCOUNT IDENTIFICATION NUMBER | RETURN FOR MONTH ENDING |

TOTAL AMOUNT DUE

\$

_____.

Taxpayer Name: _____ ID# _____

SCHEDULE A - TAX COMPUTATION

| | <u>QUANTITY</u> | <u>TAX RATE</u> | |
|-------|---------------------------------------|-----------------|-------|
| 1. A. | Lubricating Oils # QUARTS _____ | X 0.1000 | _____ |
| B. | Lubricating Oils # LITERS _____ | X 0.1060 | _____ |
| 2. A. | Antifreeze # GALLONS _____ | X 0.2000 | _____ |
| B. | Antifreeze # LITERS _____ | X 0.0528 | _____ |
| 3. A. | Organic Solvents# GALLONS _____ | X 0.0050 | _____ |
| B. | Organic Solvents# LITERS _____ | X 0.00132 | _____ |
| 4. | Tires # _____ | X 1.0000 | _____ |
| 5. | TOTAL TAX DUE (ADD LINES 1 THROUGH 4) | | _____ |
