



STATE OF RHODE ISLAND  
DIVISION OF TAXATION  
ONE CAPITOL HILL PROVIDENCE RI 02908

## MOTOR FUEL DISTRIBUTOR TAX REPORT

FOR THE MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

<b>LICENSEE</b>	DISTRIBUTOR NAME	LICENSE #
	MAILING ADDRESS	
	CITY/TOWN/STATE/ZIP CODE	

		GASOLINE	DIESEL OR OTHER
<b>INVENTORY AND RECEIPTS</b>	1. Opening Inventory ( including in transit) ▶	1	
	2. Gallons Received / Imported From Sources Outside This State ▶	2	
	3. Gallons Received From Sources Within This State ▶	3	
	4. Gallons Received in This State and Shipped Directly to Customers in Other States ▶	4	
	5. Gallons Received in This State and Shipped Directly to Customers in This State ▶	5	
	6. Total Changes (Add Lines 1 through 5 ) ▶	6	
	7. Less Closing Inventory (including in transit) ▶	7	
	8. Total Gallons (Line 6 Less Line 7) This total must agree with Line 19 ▶	8	

<b>DISBURSEMENTS</b>	9. Gallons Sold or Delivered Out of Rhode Island ▶	9	
	10. Gallons Sold to Licensed Exporters ▶	10	
	11. Gallons Sold to Licensed Distributors ▶	11	
	12. Gallons Sold to United States Government ▶	12	
	13. Other Non-Taxable Distribution ▶	13	
	14. Gain or Loss (show gain in (red) and deduct) ▶	14	
	15. Total Non-Taxable Distribution (Add Lines 9 through 14) ▶	15	
	16. Taxable Sales ▶	16	
	17. Taxable Gallons Used ▶	17	
	18. Total Taxable Distribution (Add Lines 16 and 17) ▶	18	
19. Total Gallons (Add Lines 15 and 18) This total must agree with line 8 ▶	19		

		GALLONS	AMOUNT
<b>TAX COMPUTATION</b>	20. Taxable Distribution (Combined Gasoline & Diesel Totals from Line 18) ▶	20	
	21. Less Dealer Sales to U.S. Government ▶	21	
	22. Total Taxable Distribution ( Line 20 Less Line 21 ) ▶	22	
	23. Add or Deduct Adjustments On Previous Months Report ▶	23	
	24. Adjusted Taxable Distribution ( Line 22 Plus or Minus Line 23 ) ▶	24	
	25. Motor Fuel Tax Due ( Multiply Line 24 By .30¢ ) ▶	25	

<b>CERTIFICATION</b>	The undersigned _____	
	Name	Title
	of _____ hereby certifies that he/she is	
	Distributor Name	
	properly authorized to sign this report, that he/she has personal knowledge of the figures and information constituting this report, and that the schedules and statements herein contained are true and complete to the best of his/her knowledge and belief. The undersigned hereby declares that this report is made under penalties of perjury.	
	Payment of all Motor Fuel Tax due must be made with this report. Check here if payment has been made via EFT <input type="checkbox"/>	
	Date _____	Signature _____



