



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

MOTOR FUEL SPECIAL DISTRIBUTOR TAX REPORT

FOR THE MONTH OF _____ YEAR _____

DISTRIBUTOR NAME
MAILING ADDRESS
CITY/TOWN/STATE/ZIP CODE

SCHEDULE A -- TAX COMPUTATION FOR THE MONTH

		GALLONS	AMOUNT
1. TOTAL MOTOR FUEL SOLD (FROM SCHEDULE C)	▶ 1		
2. TOTAL MOTOR FUEL USED BY PERSON MAKING THIS REPORT	▶ 2		
3. DEDUCT GALLONS SOLD OR USED UPON WHICH TAX HAD BEEN PAID TO SUPPLIER	▶ 3		
4. ADJUSTED MOTOR FUEL SOLD OR USED (LINES 1 AND 2 LESS LINE 3)	▶ 4		
5. ADJUSTMENTS ON PREVIOUS MONTHS REPORT (ADD OR DEDUCT GALLONS)	▶ 5		
6. TOTAL GALLONS OF MOTOR FUEL SUBJECT TO TAX (LINE 4 PLUS OR MINUS LINE 5)	▶ 6		
7. TOTAL MOTOR FUEL TAX DUE (LINE 6 X CURRENT RATE)	▶ 7		\$

SCHEDULE B-- TAX PAID INFORMATION IN GALLONS

COMPLETE THIS SCHEDULE IF A DEDUCTION IS TAKEN ON LINE 3, SCHEDULE A OF THIS REPORT

NAME OF SUPPLIERS _____

BEGINNING INVENTORY _____ ENDING INVENTORY _____

PURCHASES _____ SALES _____

TOTAL _____ TOTAL _____

The undersigned _____
 Name

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.

This report must be filed with the Division of Taxation by the 20th day of the month following the month for which the motor fuel was sold or used by the person making this report. Payment of all Motor Fuel Tax due must be made with this report.

Date _____ Signature _____

