



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF REVENUE
DIVISION OF TAXATION
One Capitol Hill
Providence, RI 02908-5800

MOTOR FUEL BIODIESEL PERMITTEE REPORT

QUARTER ENDING: _____

NAME OF PERMITTEE: _____

PERMIT NUMBER: _____

BUSINESS ADDRESS: _____

CITY/STATE/ZIP: _____

INSTRUCTIONS

Print or type all information clearly.

File on or before the last day of the last day of the month following the last month of the quarter.

If there are more transactions than can fit on **Schedule A** of this report, attach a listing that includes the required information. Computer generated reports that include the information on **Schedule A** are acceptable and may be attached to this report.

CERTIFICATION

The undersigned _____ of the above named permittee hereby certifies that he/she is properly authorized by said permittee to sign this report, that he/she has personal knowledge of the figures and other information on the report, and that this report and the schedules and statements herein contained are true and accurate to the best of his/her knowledge and belief. The undersigned also hereby declares that this report is made under the penalties of perjury,

DATE: _____

SIGNATURE: _____

TITLE: _____

