

**STATE OF DELAWARE MOTOR FUEL TAX ADMINISTRATION  
LICENSED MOTOR FUEL DISTRIBUTOR TAX RETURN**

DO NOT USE THIS SPACE

- Original Return
- Amended Return
- Final Return
- No Activity

FEIN OR SSN: \_\_\_\_\_  
 LICENSE NO: \_\_\_\_\_ RETURN MONTH/YEAR \_\_\_\_\_  
 NAME OF LICENSEE \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 P.O. BOX/STREET CITY STATE ZIP

DO NOT USE OR SHOW TENTHS ON THIS RETURN

	GALLONS	DISBURSEMENTS	GALLONS
<b>A INVENTORIES AND RECEIPTS</b>			
A OPENING INVENTORY (INCLUDING IN-TRANSIT)	_____	5 MOTOR FUEL GALLONS DELIVERED TAX COLLECTED	
1 MOTOR FUEL GALLONS RECEIVED TAX PAID ATTACH RECEIPT SCHEDULE 1	_____	ATTACH DISBURSEMENT SCHEDULE 5	
2 MOTOR FUEL GALLONS RECEIVED FROM LOCATIONS WITHIN DELAWARE FROM LICENSED MOTOR FUEL DISTRIBUTORS TAX UNPAID ATTACH RECEIPT SCHEDULE 2	_____	6 MOTOR FUEL GALLONS DELIVERED TO MOTOR FUEL DISTRIBUTORS TAX NOT COLLECTED ATTACH DISBURSEMENT SCHEDULE 6	_____
3 MOTOR FUEL GALLONS IMPORTED FROM ANOTHER STATE DIRECT TO CUSTOMERS ATTACH RECEIPT SCHEDULE 3	_____	7 MOTOR FUEL GALLONS EXPORTED TO STATE OF ATTACH DISBURSEMENT SCHEDULE(S) 7	_____
4 MOTOR FUEL GALLONS IMPORTED FROM ANOTHER STATE INTO TAX FREE STORAGE ATTACH RECEIPT SCHEDULE 4	_____	8 MOTOR FUEL GALLONS DELIVERED TO U.S. GOVERNMENT TAX EXEMPT ATTACH DISBURSEMENT SCHEDULE 8	_____
<b>B MOTOR FUEL GALLONS HANDLED</b>			
ADD LINES A THROUGH 4	_____	9 MOTOR FUEL GALLONS DELIVERED TO OTHER EXEMPT GOVERNMENT ENTITIES ATTACH DISBURSEMENT SCHEDULE 9	_____
<b>C LESS CLOSING INVENTORY</b>			
INCLUDING GALLONS IN-TRANSIT	_____	10 MOTOR FUEL GALLONS DELIVERED TO OTHER EXEMPT ENTITIES ATTACH DISBURSEMENT SCHEDULE 10	_____
<b>D GALLONS TO BE ACCOUNTED FOR</b>			
SUBTRACT LINE C FROM LINE B	_____	11 GAIN OR LOSS (INDICATE GAIN AS "G" AND DEDUCT)	_____
	_____	12 MOTOR FUEL GALLONS ACCOUNTED FOR LINES 5 THROUGH 11 TOTAL MUST EQUAL LINE D	_____

**CERTIFICATION: I HEREBY CERTIFY UNDER THE PENALTIES  
OF PURJURY THAT THIS RETURN IS A TRUE, COMPLETE AND  
CORRECT REPORT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
 AUTHORIZED DISTRIBUTOR'S REPRESENTATIVE  
 (PRINT NAME AND TITLE)

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE PHONE NUMBER

MAKE CHECK PAYABLE TO MOTOR FUEL TAX ADMINISTRATION FOR TOTAL  
 TAX DUE AND MAIL WITH RETURN TO: MOTOR FUEL TAX ADMINISTRATION,  
 P.O. DRAWER E, DOVER, DELAWARE, 19903-1565. RETURN AND PAYMENT  
 MUST BE MAILED ON OR BEFORE THE 25TH DAY OF THE MONTH FOLLOWING  
 THE PERIOD OF THIS RETURN. A RETURN MUST BE FILED EVEN IF THERE ARE  
 NO TRANSACTIONS. ANY LICENSED ACCOUNT THAT HAS A COMBINED  
 MONTHLY TAX LIABILITY EXCEEDING \$20,000 MUST REMIT TAX PAYMENT VIA  
 ELECTRONIC FUNDS TRANSFER (EFT). ANY QUESTIONS, CALL (302)744-2711.

**TAX COMPUTATION**

- 13 TOTAL TAXABLE DISTRIBUTION FROM LINE 5 AT  
\$0.23 CENTS PER GALLON
- 14 LESS MOTOR FUEL RECEIVED TAX PAID FROM LINE 1
- 15 LESS CREDIT CARD SALES TO AUTHORIZED EXEMPT ENTITIES  
ATTACH DISBURSEMENT SCHEDULE 11
- 16 TOTAL (LINE 13 MINUS LINES 14 AND 15)
- 17 LESS ESTIMATED TAX PAID (JUNE ONLY WHERE APPLICABLE)
- 18 NET TAX DUE (LINE 16 LESS LINE 17)
- 19. CREDITS APPLIED *(Attached Copies of all valid credit memos)*
- 20. TOTAL NET TAX DUE (LINE 18 PLUS LINE 19 LESS LINE 20)

	GALLONS	AMOUNT