

North Dakota Office of State Tax Commissioner
Aviation Fuel Tax Report

Tax Type 53
 Form H01

53



Report for Month _____, 20____

Check if Amended Report

Business Name (as it appears on your license)	FEIN	Suffix
Address	License #	
City, Town or Post Office, State, and Zip Code	Telephone #	

This report is due on or before the 25th of the month
 Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave.,
 Dept. 127, Bismarck ND 58505-0599

Check box to cancel license
 Attach license. Cancellation date _____

Column A	Column B	Column C	Column D	Column E
Aviation Gasoline Pro. 125	Gasoline (for Aircraft) Pro. 065	Jet Fuel Pro. 130	Undyed Kerosene (for Aircraft) Pro. 142	Column Totals

~~Do not make an entry in a shaded area~~

1. Inventory forward = last month's line 10 entries					1.	A
2. Gal. mfg., purchased, imported = Schs. 1+2+3					2.	B
3. Gal. taxable at \$.08 per gal. = Schs. 5+5Q					3.	
4. Gal. from \$.08 per gal. tax-pd. inven. = Sch. 10G					4.	G
5. Net taxable gal. aviation gasoline = Col. A & B, lines 3-4					5.	K
6. Net taxable gal. jet fuel = Col. C & D, lines 3-4					6.	L
7. Gal. ND non-taxable = Schs. 6+7					7.	H
8. Gal. ND tax-exempt = Sch. 8					8.	J
9. Book inventory = lines 1+2-3-7-8					9.	
10. Ending physical inventory					10.	F
11. Gain or (Losses): lines 10-9					11.	C
12. Tax due on aviation gasoline = \$.08 x line 5					12.	M
13. Tax due on jet fuel = \$.08 x line 6					13.	N
14. Tax subject to allowance = lines 12+13					14.	
15. Collection allowance = .01 x line 14 (max. \$300.00)	For lines 1 through 13, enter the totals of Columns A through D in Column E				15.	O
16. Total tax due = lines 14-15					16.	
17. Penalty = .05 x line 16 (min. \$5.00)	For lines 14 through 19, use Column E only				17.	P
18. Interest = .01 per month x line 16					18.	Q
19. Total Due = lines 16+17+18					19.	

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature of Taxpayer _____

Title _____

Date _____

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Signature of Preparer Other Than Taxpayer _____

Date _____

