

North Dakota Office of State Tax Commissioner
Liquefied Petroleum Gas Tax Report

Tax Type 60
 Form J11

60



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 _____

1. Inventory forward = last month's line 9 entry		1.	A
2. Gal. mfg., purchased, imported = Schs. 2+3		2.	B
3. Gal. taxable at \$.23 per gal. = Sch. 5Q		3.	T
4. Gal. taxable at 2% excise = Sch. 5X		4.	D
5. Gal. taxable at 1% excise = Sch. 10A (Heating Fuel) January 1, 2008 through June 30, 2009		5.	C
6. Gal. ND non-taxable = Schs. 6+7		6.	H
7. Gal. tax-exempt = Schs. 8+10		7.	G
8. Book inventory = lines 1+2-3-4-5-6-7		8.	
9. Ending physical inventory		9.	I
10. Gains or (Losses) line 9 minus line 8		10.	E
11. Tax due at \$.23 per gal. = \$.23 x line 3		11.	2
12. Sales price for line 4 gal.		12.	J
13. Tax due at 2% excise = .02 x line 12		13.	3
14. Sales price for line 5 gal.		14.	F
15. Tax due at 1% excise = .01 x line 14 January 1, 2008 through June 30, 2009 (0% July 1, 2009)		15.	M
16. Tax subject to allowance - lines 11+13+15		16.	
17. Collection allowance = .01 x line 16 (max. \$300.00)		17.	4
18. Total tax due = lines 16-17		18.	
19. Penalty = .05 x line 18 (min. \$5.00)		19.	U
20. Interest = .01 per month x line 18		20.	V
21. Total Due = lines 18+19+20		21.	

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 _____

Signature of Preparer Other Than Taxpayer _____

Date _____

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