



Standing Rock Motor Vehicle Fuel Tax Report

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 <input type="checkbox"/> Attach license. Cancellation date _____	Column A	Column B	Column C	Column D	Column E	Column F
	Gasoline Pro. 065	Gasohol Pro. 124	Unblended Ethanol Pro. 241	Unblended Methanol Pro. 243	Blending Components Pro. 122	Column Totals
~~Do not make an entry in a shaded area~~						
1. Inventory forward = last month's line 13 entries						1. W
2. Gal. mfg., purchased, imported = Schs. 1+2+3.						2. X
3. Product transfers (+ or -) within tax type 61						3.
4. Not used for tribal report						4. D
5. Not used for tribal report						5. F
6. Gal. taxable at \$.23 per gal. = Schs. 5A+5Q						6.
7. Gal. from \$.23 per gal. tax-pd inven. = Sch. 10G						7. H
8. Net gal. taxable at \$.23 per gal. = lines 6-7						8. Q
9. Net gal. gasohol taxable at \$.23 per gal. = lines 6-7						9. A
10. Gal. ND non-taxable = Schs. 6+7						10. N
11. Gal. ND tax-exempt = Schs. 8+10						11. L
12. Book inventory = lines 1+2+3-6-10-11						12.
13. Ending physical inventory						13. Y
14. Gain (or losses): lines 13-12						14. B
15. Tax due at \$.23 per gal. = \$.23 x line 8						15. C
16. Tax due at \$.23 per gal. on gasohol = \$.23 x line 9						16. R
17. Tax subject to allowance = lines 15+16						17.
18. Collection allowance = .02 x line 17						18. I
19. Total tax due = lines 17-18						19.
20. Penalty = .05 x line 19 (min. \$5.00)						20. T
21. Interest = .01 per month x line 19						21. U
22. Insp. Fees = total of Col. F (lines 8+9+11) x .00025						22. 6
23. Total due = lines 19+20+21+22						23.

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 _____

