

P.O. DRAWER E  
DOVER DE 19903-1565  
PHONE: 302-744-2715

STATE OF DELAWARE  
MOTOR FUEL TAX ADMINISTRATION  
LICENSED SPECIAL FUEL SUPPLIER TAX RETURN

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

RETURN MONTH/YEAR	LICENSE NO.	FEI / SS # :	
NAME OF LICENSEE			
ADDRESS			
CITY, STATE, ZIP CODE			

RECEIPTS: (INDICATE RECEIPT SCHEDULE NUMBER AND PRODUCT CODE; ENTER GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.  
DO NOT USE OR SHOW TENTHS; SEE INSTRUCTIONS FOR FURTHER DETAIL.)

**1. TAX PAID & TAX FREE SPECIAL FUEL PURCHASES:**

SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
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_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____
SCHEDULE NUMBER:	PRODUCT CODE:	GALLONS:	
_____	_____	_____	_____

DISBURSEMENTS: (INDICATE DISBURSEMENT SCHEDULE NUMBER AND PRODUCT CODE; ENTER GALLON TOTALS FROM EACH INDIVIDUAL SCHEDULE.  
DO NOT USE OR SHOW TENTHS; SEE INSTRUCTIONS FOR FURTHER DETAIL.)

**2. TAXABLE SALES/USE:**

SCHEDULE NUMBER	PRODUCT CODE	GALLONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL TAXABLE SALES/USE</b>		_____

**3. NON-TAXABLE SALES/USE/EXPORTS:**

SCHEDULE NUMBER	PRODUCT CODE	GALLONS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL NON-TAXABLE SALES/USE/EXPORTS</b>		_____

4. TOTAL TAXABLE SALES/USE DISBURSEMENTS: (TOTAL PER BOX 2) \_\_\_\_\_

5. LESS: TAX PAID SPECIAL FUEL PURCHASES (PER RECEIPT SCHEDULE #1) \_\_\_\_\_

6. LESS: CREDIT CARD SALES TO AUTHORIZED EXEMPT ENTITIES (ATTACH DISBURSEMENT SCHEDULE 11) \_\_\_\_\_

7. TOTAL NET TAXABLE SALES/USE DISBURSMENTS (LINE 4 LESS LINES 5 & 6) \_\_\_\_\_

8. NET TOTAL TAX DUE (LINE #7 X .22 CENTS PER GALLON) \_\_\_\_\_

9. CREDITS APPLIED (Attach Copies of all valid credit memos) \_\_\_\_\_

10. TOTALNET TAX DUE (LINE 8 LESS LINE 9) \_\_\_\_\_

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

PRINT NAME	SIGNATURE	TITLE	DATE
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