



# Montana Department of Transportation

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Do Not Write in this Space

## Retailer's Fuel Report

Retailer Name:			
Address 1:		FEIN:	
Address 2:		License # (if applicable)	
City:	State:	Zip Code:	Quarter/Year:

### Fuel Reconciliation

	Gasoline	Clear Diesel	Dyed Diesel
1. Beginning Physical Inventory (must agree with prior months ending inventory)			
2. Receipts (from Schedule 2 on back of return)			
3. Sales (from Schedule 1 below)			
4. Ending Physical Inventory (actual tank measurement)			
5. Gain/Loss (attach explanation)			

### Schedule 1

#### Meter Readings (carry totals forward to line 3 above)

Gasoline	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Totals
Ending Reading								
Beginning Reading								
Gallons Metered								

Clear Diesel	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Totals
Ending Reading								
Beginning Reading								
Gallons Metered								

Dyed Diesel	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Pump No __	Totals
Ending Reading								
Beginning Reading								
Gallons Metered								

I declare, under penalties of perjury, that this report (including any schedules) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

\_\_\_\_\_  
(Signature of Authorized Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

## Schedule 2

Date of Receipt	Document Number	Name of Supplier	Supplier FEIN	Gallons		
				Gasoline	Clear Diesel	Dyed Diesel
<b>Totals (carry forward to line 2 on front of report)</b>						

By cooperative agreement, the Montana Department of Transportation exchanges fuel tax information with other tax collecting agencies.  
Alternative accessible formats of this document will be provided on request.