



Registration No.

Period Begin

Period End

Due Date

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**I. Entity Information**

***Use this area only to report changes in your business***

**2. OUT OF BUSINESS?** Check here , return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_

**3. OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.

Incorporated  Partner added or dropped

Other (explain on reverse)

Sold to \_\_\_\_\_

**4. NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address and check here

**Do Not Use Red Ink!**

**Complete Schedules A through C on the back side of this return first.**

Total Receipts—Box “A” from Sch. A	1. _____ x .0025	1a. _____
Total Transfers—Box “D” from Sch.B	2. _____ x .0025	2a. _____
Shrinkage per Receipts and Transfers	Total Lines 1a + 2a	3. _____
Maximum Shrinkage Allowance	Line 1 x .005	4. _____
Total Allowable Shrinkage	Enter lesser of Line 3 or Line 4	5. _____
Actual Net Shrinkage—Box “B” minus Box “C” from Sch. A	Cannot be less than zero	6. _____
Unaccounted Fuel If line 7 is less than zero, enter zero.	Line 6 minus Line 5	7. _____
Additional Excise Tax Due	Line 7 x \$.296	8. _____

**This form must be filed even if no additional tax is due**



Mail To:  
Maine Revenue Service  
P.O. Box 1064  
Augusta, ME 04332-1064

Signature/Title

Print Name

Date

Phone #

**Sch. A-Receipts**

	Beginning Inventory	Receipts Undyed Fuel	Total Available Gallons	Ending Inventory	Total Accountable Gallons	Total Gallons Sold/Used	Gain/ (Shrinkage)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	(Col 1 plus Col 2)			(Col 3 minus Col 4)		(Col 6 minus Col 5)	
Jan							
Feb							
Mar							
Apr							
May							
June							
July							
Aug							
Sept							
Oct							
Nov							
Dec							

Totals (A)  
  
 To Line 1 on front

(B) (C)

If Box "C" is greater than or equal to Box "B", there is no shrinkage allowance to compute. Enter zero on line 6 on front.  
 If Box "B" is greater than Box "C", subtract Box "C" from Box "B" and enter that amount on line 6 on front.

**Sch B-Transfers**

(Gallons)	Vessels (1)	Tank Cars (2)	Full Tank Truck (3)	Total Transfers (4)
Jan				
Feb				
Mar				
Apr				
May				
June				
July				
Aug				
Sept				
Oct				
Nov				
Dec				

(D)  To line 2 on front