



Registration No.

Period Begin

Period End

Due Date

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1. 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.

**Do Not Use Red Ink!**

**Schedules A and B on reverse side must be completed.**

Total Receipts—Box “A” from Sch. A	1. _____ x .005	1a. _____
Total Transfers—Box “D” from Sch.B	2. _____ x .005	2a. _____
Shrinkage per Receipts and Transfers	Total Lines 1a + 2a	3. _____
Maximum Shrinkage Allowance	Line 1 x .01	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	Line 6 minus Line 5	7. _____
If line 7 is zero or less than zero, enter zero, sign the return and mail to Maine Revenue Service.		
Additional Excise Tax Due	Line 7 x \$ .259	8. _____



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	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. Bring zero forward to line 6 on reverse side.

If Box "B" is greater than Box "C", subtract Box "C" from Box "B" and enter that amount on line 6 on reverse side.

**Sch B-Transfers**

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

To line 2 on front