

CITY OF ASTORIA Motor Vehicle Fuel Tax Multiple Schedule of RECEIPTS

Licensee Name _____ License # _____ Month of _____ 20____

Schedule Number - (Circle ONE schedule number)

Product Code - (Circle ONE product code)

- 1 **CITY OF ASTORIA TAX-PAID** - Gallons Received City of Astoria. Tax-Paid to Supplier - Supports Form 1503, **LINE 2a**
- 2 **EX-TAX RECEIPTS** - Gallons Received City of Astoria Tax Not Paid to Supplier - Supports Stock Summary Form 1503, **LINE 2b**
- 3 **IMPORT SALES** - Gallons Imported Direct to Customers or Delivered into Taxable Storage in City of Astoria. - Supports Form 1503, **LINE 3**
- 4 **IMPORT TRANSFERS** - Gallons Imported into Ex-Tax Storage (Bulk Plants Only) - Supports Stock Summary Form 1503, **LINE 4**

- A - Gasoline
- B - Ethanol Gasoline
- E - Diesel

DETAIL SECTION

Check here if amending a prior schedule

(1) Name of Carrier	(2) City of Origin	(3) City of Destination	(4) Acquired From (Schedule 1, 2, 4) or Sold To (Schedule 3)	(5) Sellers License Number	(6) Date (See Instructions)	(7) Document Number (See Instructions)	(8) Gallons	(9) Other	
TOTAL									