Make check payable and mail report and remittance to:
OREGON DEPT OF TRANSPORTATION
FUELS TAX GROUP UNIT 06
PO BOX 4395
PORTLAND, OR 97208-4395

CITY OF COQUILLE

Motor Vehicle Fuel License Tax Report

This report is required to be filed with the Oregon Department of Transportation on or before the 25th day of the month following the calendar month in which the fuel reported herein was sold, used, and/or distributed.

For the Month / Year of: _____, _____

Request more forms or information from:
FUELS TAX GROUP
550 CAPITOL ST NE
SALEM, OR 97301-2530
TELE: (503) 378-8150
FAX: (503) 378-3060
www.oregon.gov/odot/cs/ftg

Licensee Name			License #
Address			
City	State	Zip Code	

Gasoline, Ethanol Gasoline & Diesel Fuel

DISTRIBUTION

1.	Sales, Use, and Distribution in City of Coquille (From Form 1483, Line 14).....	
2.	Adjustments and Corrections – *OFFICE USE ONLY-*.....	
3.	**TOTAL DISTRIBUTION** (Sum of Lines 1 & 2).....	

DEDUCTIONS

4.	City of Coquille Tax-Paid Purchases (From Form 1483, Line 2a).....	
5.	*THIS LINE CURRENTLY NOT APPLICABLE TO CITY OF COQUILLE*.....	
6.	Exports from City of Coquille (From Form 1483, Line 12).....	
7.	Sales to U.S. Armed Forces (From Form 1483, Line 13).....	
8.	Other (Attach Form 1486).....	
9.	**TOTAL DEDUCTIONS** (Sum of Lines 4-8).....	
10.	**TOTAL GALLONS SUBJECT TO CITY OF COQUILLE TAX** (Line 3 minus Line 9).....	
11.	**TAX RATE**.....	.03
12.	**TAX DUE** (Line 10 X Line 11)	$
13.	Other Additions or Credits (Attach Explanation)	$
14.	*THIS LINE CURRENTLY NOT APPLICABLE TO THE CITY OF COQUILLE*.....	$
15.	Penalties	$
16.	**TOTAL DUE** (Sum Lines 12-15).....**PAY THIS AMOUNT**	$
17.	Amount Paid - *OFFICE USE ONLY-*.....	$
18.	<Overpayment> or Underpayment *--OFFICE USE ONLY--*.....	$

CERTIFICATE - I hereby certify that this report, including the accompanying schedules and statements, is a full, true, and complete report of the number of gallons of motor vehicle fuel sold, used, and/or distributed within City of Coquille, Oregon during the month above stated by

_____ NAME OF LICENSEE

_____ NAME OF TAX REPORT PREPARER (PRINT)

DATED AT: _____ THIS _____ DAY OF _____, _____

_____ NAME OF AUTHORIZED AGENT (PRINT)

_____ SIGNATURE OF AUTHORIZED AGENT

_____ TITLE

NOTE: THIS REPORT MUST BE SIGNED BY A PRINCIPAL OFFICER OR BY AN AUTHORIZED AGENT WHEN MADE BY A CORPORATION, AND BY THE MANAGING AGENT OR OWNER WHEN MADE BY A FIRM OR ASSOCIATION. AN INDIVIDUAL IS REQUIRED TO SIGN HIS OR HER OWN REPORT.

City of Coquille Tax Report Form 735-1482 (12/09)