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 - AMENDED

For the Month / Year of: _____, _____ Amendment # _____

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	

CITY OF COQUILLE - AMENDED

	COLUMN A *As originally Filed or as last Amended*	COLUMN B *Amendments*	COLUMN C = Column A + B *As Amended*
DISTRIBUTION			
1. Sales, Use, and Distribution in City of Coquille (From Form 1483MA, Line 14, Column B)……			
2. Adjustments and Corrections -*OFFICE USE ONLY*-……			
3. **TOTAL DISTRIBUTION** (Sum of Lines 1 & 2 for Column B)……			
DEDUCTIONS			
4. City of Coquille Tax-Paid Purchases (From Form 1483MA, Line 2a, Column B)……			
5. *THIS LINE CURRENTLY NOT APPLICABLE TO CITY OF COQUILLE* ……			
6. Exports from City of Coquille (From Form 1483MA, Line 12, Column B)……			
7. Sales to U.S. Armed Forces (From Form 1483MA, Line 13, Column B)……			
8. Other (Attach Amended Form 1486 for Column B)……			
9. **TOTAL DEDUCTIONS** (Sum of Lines 4-8 for Column B)……			
10. **TOTAL GALLONS SUBJECT TO CITY OF COQUILLE TAX** (Line 3 minus Line 9 for Column B)…			
11. **TAX RATE**……	$0.03	$0.03	$0.03
12. **TAX DUE** (Line 10 X Line 11 for Column B)……	$	$	$
13. Other Additions or Credits (Attach Explanation for Column B)……	$	$	$
14. *THIS LINE CURRENTLY NOT APPLICABLE TO THE CITY OF COQUILLE*…… ……	$	$	4
15. Penalties (for Column B)……	$	$	$
16. **TOTAL AMOUNT DUE** (Sum of Lines 12-15 for Column B)……	$	$	$
17. Amount Paid With Original Report and Previous Amendments ……			$
18. Amount Due or <to be refunded> - Attach remittance (Line 16 minus Line 17)……			$

City of Coquille Amended 735-1482MA (12/09)

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 distributed within City of Coquille during the month above stated by

_____ NAME OF LICENSEE

_____ NAME OF TAX 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.