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 NEWPORT

Motor Vehicle Fuel 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

Licensed Dealer Name		License #
Address		[redacted]
City	State	Zip Code

Gasoline, Ethanol Gasoline & Diesel Fuel

DISTRIBUTION

1.	Sales, Use, and Distribution in City of Newport (From Form 1533, Line 14).....	
2.	Adjustments and Corrections – *OFFICE USE ONLY-*.....	
3.	**TOTAL DISTRIBUTION** (Sum of Lines 1 & 2).....	

DEDUCTIONS

4.	City of Newport Tax-Paid Purchases (From Form 1533, Line 2a).....	
5.	City of Newport Ex-tax Sales to Marinas and Airports ONLY (From Form 1533, Line 11).....	
6.	Exports from City of Newport (From Form 1533, Line 12).....	
7.	Sales to U.S. Armed Forces (From Form 1533, Line 13).....	
8.	Other (Attach Form 1536).....	
9.	**TOTAL DEDUCTIONS** (Sum of Lines 4-8).....	
10.	**TOTAL GALLONS SUBJECT TO CITY OF NEWPORT TAX** (Line 3 minus Line 9).....	
11.	**TAX RATE**.....	.03 (June – Oct) or .01 (Nov – May)
12.	**TAX DUE** (Line 10 X Line 11)	$
13.	Other Additions or Credits (Attach Explanation)	$
14.	Interest (.000329 X # of days late X amount of tax due on line 12)	$
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 Newport, Oregon during the month above stated by

_____ NAME OF LICENSED DEALER

_____ 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 Newport Tax Report Form 735-1532 (12/09)