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 - 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

Licensed Dealer Name			License #
Address			
City	State	Zip Code	

CITY OF NEWPORT - 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 Newport (From Form 1533MA, 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 Newport Tax-Paid Purchases (From Form 1533MA, Line 2a, Column B)……			
5. City of Newport Ex-tax Sales to Marinas and Airports ONLY (From Form 1533MA, Line 11, Column B)….			
6. Exports from City of Newport (From Form 1533MA, Line 12, Column B)……			
7. Sales to U.S. Armed Forces (From Form 1533MA, Line 13, Column B)……..			
8. Other (Attach Amended Form 1536 for Column B)……			
9. **TOTAL DEDUCTIONS** (Sum of Lines 4-8 for Column B)……			
10. **TOTAL GALLONS SUBJECT TO CITY OF NEWPORT TAX** (Line 3 minus Line 9 for Column B)……			
11. **TAX RATE - The Applicable Rate is $.03 (June – October) or $.01 (November – May)**……	Applicable Rate	Applicable Rate	Applicable Rate
12. **TAX DUE** (Line 10 X Line 11 for Column B)……	$	$	$
13. Other Additions or Credits (Attach Explanation for Column B)……..	$	$	$
14. Interest (.000329 X # of days late X amount of tax due on line 12 for Column B ……	$	$	$
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)……			$

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 Newport during the month above stated by

_____ NAME OF LICENSED DEALER

_____ 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.

City of Newport Amended 735-1532MA (12/09)