

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

State of OREGON

Motor Vehicle Fuel and Aircraft 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	Column A <i>Gasoline</i>	Column B <i>Aviation Gasoline</i>	Column C <i>Jet Fuel</i>	Column D <i>Total</i>
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DISTRIBUTION

- 1. Sales, Use, and Distribution in Oregon (From Form 1303, Line 14).....
- 2. Adjustments and Corrections - *OFFICE USE ONLY*-.....
- 3. **TOTAL DISTRIBUTION** (Sum of Lines 1 & 2 for Columns ABC).....

DEDUCTIONS

- 4. Oregon Tax-Paid Purchases (From Form 1303, Line 2a).....
- 5. Ex-Tax Sales, Exchanges, Distribution to Oregon Dealers (From Form 1303 Line 11)
- 6. Exports from Oregon (From Form 1303, Line 12).....
- 7. Sales to U.S. Armed Forces (From Form 1303, Line 13).....
- 8. Other (Attach Form 1306).....
- 9. **TOTAL DEDUCTIONS** (Sum of Lines 4-8 for Columns ABC).....

10. **TOTAL GALLONS SUBJECT TO OREGON TAX** (Line 3 minus Line 9 for ABC).....

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11. **TAX RATE**.....

\$0.24	\$0.09	\$0.01	
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12. **TAX DUE** (Line 10 X Line 11 for ABC) Enter Sum Columns ABC in Column D.....

\$	\$	\$	\$
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13. Other Additions or Credits (Attach Explanation) Enter Sum Columns ABC in Column D

\$	\$	\$	\$
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14. Interest (.000329 X # of days late X amt of tax due) Enter Sum Columns ABC in Column D

\$	\$	\$	\$
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15. Penalties (late filing _____ tax _____) Enter Sum Columns ABC in Column D.....

\$	\$	\$	\$
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16. **TOTAL DUE** (Sum Lines 12-15 for Columns ABC) - **PAY AMOUNT IN COLUMN D**

\$	\$	\$	\$
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17. Amount Paid - *OFFICE USE ONLY*-.....

\$	\$	\$	\$
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18. <Overpayment> or Underpayment --*OFFICE USE ONLY*--.....

\$	\$	\$	\$
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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 and aircraft fuel sold, used, and distributed within the State of Oregon during the month above stated by

Oregon Tax Report
Form 735-1302
(12/09)

NAME OF LICENSEE NAME OF TAX REPORT PREPARER (PRINT)

DATED AT: _____ THIS _____ DAY OF _____, _____

NAME OF AUTHORIZED AGENT (PRINT) 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.