

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

Forms available at:
<http://fuelstax.oregon.gov>
FUELS TAX GROUP
550 CAPITOL ST NE
SALEM, OR 97301-2530
PHONE: (503) 378-8150 or (888) 753-2525
FAX: (503) 378-3060

Motor Vehicle Fuel (Gasoline Only) License Tax Report - **AMENDED**

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

PHONE: (503) 378-8150 or (888) 753-2525

FAX: (503) 378-3060

Licensee Name			License #		
Address					
City	State	ZIP			

GASOLINE ONLY - AMENDED

COLUMN A <i>As originally Filed or as last Amended</i>	COLUMN B <i>Amendments</i>	COLUMN C <i>= Column A + B As Amended</i>
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DISTRIBUTION

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

DEDUCTIONS

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

- 10. **TOTAL GALLONS SUBJECT TO OREGON TAX** (Line 3 minus Line 9 for Column B).....
- 11. **TAX 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 amt of tax due for Column B).....
- 15. Penalties (late filing ____ tax ____ 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).....

\$0.30	\$0.30	\$0.30
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

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 the State of Oregon during the month above stated by

**Oregon
Gasoline
Amended
735-1302MA
(01/11)**

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.