

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 (Aviation Gasoline Only) License Tax Report - **AMENDED**

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

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

Licensee Name			License #		
Address					
City	State	ZIP			

AVIATION 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 1303AA, 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 1303AA, Line 2a, Column B).....
- 5. Ex-Tax Sales, Exchanges, or Distribution to Or Lic Dealers (From Form 1303AA, Line 11, Column B)....
- 6. Exports from Oregon (From Form 1303AA, Line 12, Column B).....
- 7. Sales to U.S. Armed Forces (From Form 1303AA, 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**.....

\$0.09	\$0.09	\$0.09
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12. **TAX DUE** (Line 10 X Line 11 for Column B).....

\$	\$	\$
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13. Other Additions or Credits (Attach Explanation for Column B).....

\$	\$	\$
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14. Interest (.000329 X # of days late X amt of tax due for Column B).....

\$	\$	\$
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15. Penalties (late filing ____ tax ____ for Column B).....

\$	\$	\$
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16. **TOTAL AMOUNT DUE** (Sum of Lines 12-15 for Column B).....

\$	\$	\$
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17. Amount Paid With Original Report and Previous Amendments

		\$
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18. Amount Due or <to be refunded> - Attach Remittance (Line 16 minus Line 17).....

		\$
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**Oregon
Aviation
Gasoline
Amended
735-1302AA
(01/11)**

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 aircraft fuel sold, used, and distributed within the State of Oregon 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.