

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 (Jet Fuel 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**

<b>Licensee Name</b>			<b>License #</b>
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>ZIP</b>	

### JET FUEL ONLY - AMENDED

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

**DISTRIBUTION**

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

\$0.01	\$0.01	\$0.01
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

**Oregon Jet Fuel Amended 735-1302JA (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.