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 # _____

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			Soc Sec # or FEIN
City	State	Zip Code	

JET FUEL ONLY - 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 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**……..	$0.01	$0.01	$0.01
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)……..			$

Oregon Jet Fuel Amended 735-1302JA (02/05)

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.