

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

CITY OF TIGARD

Motor Vehicle Fuel 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

Permitted Dealer Name			Permit #
Address			
City	State	Zip Code	

CITY OF TIGARD - 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 City of Tigard (From Form 1463MA, Line 14).....
- 2. Adjustments and Corrections *-OFFICE USE ONLY-*.....
- 3. **TOTAL DISTRIBUTION** (Sum of Lines 1 & 2).....

DEDUCTIONS

- 4. City of Tigard Tax-Paid Purchases (From Form 1463MA, Line 2a).....
- 5. Ex-Tax Sales, Exchanges, or Distribution to Tigard Licensed Dealers (From Form 1463MA, Line 11).....
- 6. Exports from City of Tigard (From Form 1463MA, Line 12).....
- 7. Sales to U.S. Armed Forces (From Form 1463MA, Line 13).....
- 8. Other (Attach Amended Form 1466).....
- 9. **TOTAL DEDUCTIONS** (Sum of Lines 4-8).....
- 10. **TOTAL GALLONS SUBJECT TO CITY OF TIGARD TAX** (Line 3 minus Line 9).....

- 11. **TAX RATE**.....
- 12. **TAX DUE** (Line 10 X Line 11).....
- 13. Other Additions or Credits (Attach Explanation).....
- 14. *THIS LINE CURRENTLY NOT APPLICABLE TO CITY OF TIGARD*.....
- 15. Penalties
- 16. **TOTAL AMOUNT DUE** (Sum of Lines 12-15).....
- 17. Amount Paid With Original Report and Previous Amendments
- 18. Amount Due or <to be refunded> - Attach remittance (Line 16 minus Line 17).....

\$0.03	\$0.03	\$0.03
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$

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 City of Tigard during the month above stated by

City of Tigard
Amended
735-1462MA
(12/09)

NAME OF PERMITTED DEALER

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.