

CITY OF TIGARD Motor Vehicle Fuel Tax Multiple Schedule of RECEIPTS

Dealer Name _____ Permit # _____ Month of _____ 20_____

Schedule Number - (Circle ONE schedule number)

Product Code - (Circle ONE product code)

- 1 CITY OF TIGARD TAX-PAID** - Gallons Received City of Tigard. Tax-Paid to Supplier - Supports Form 1463, **LINE 2a**
- 2 EX-TAX RECEIPTS** - Gallons Received City of Tigard Tax Not Paid to Supplier - Supports Stock Summary Form 1463, **LINE 2b**
- 3 IMPORT SALES** - Gallons Imported Direct to Customers or Delivered into Taxable Storage in City of Tigard. - Supports Form 1463, **LINE 3**
- 4 IMPORT TRANSFERS** - Gallons Imported into Ex-Tax Storage (Bulk Plants Only) - Supports Stock Summary Form 1463, **LINE 4**

- A** - Gasoline
- B** - Ethanol Gasoline
- E** - Diesel Fuels

DETAIL SECTION

Check here if amending a prior schedule

(1) Name of Carrier	(2) City of Origin	(3) City of Destination	(4) Acquired From (Schedule 1, 2, 4) or Sold To (Schedule 3)	(5) Sellers Permit Number	(6) Date (See Instructions)	(7) Document Number (See Instructions)	(8) Gallons	(9) Other
TOTAL								