

Make check payable to and
 mail report and payment to :
 OREGON DEPT OF TRANSPORTATION
 FUELS TAX GROUP UNIT 06
 PO BOX 4395
 PORTLAND OR 97208-4395

State of OREGON

Use Fuel User Tax Report

This report is required to be received by the ODOT-Fuels Tax Group on or before the **20th** day of the month/quarter, or year, following the end of the calendar reporting period. See Use Fuel User Compliance Guide for specific information on due dates.



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

CALENDAR MONTH/QUARTER/YEAR FOR THIS REPORT: _____

CHECK BOX IF THIS REPORT AMENDS A PREVIOUS REPORT (See User Compliance Guide)

Please print.

Licensee Name		USE FUEL USER LICENSE NUMBER
Address		
City	State	Zip Code

TAXABLE GALLONS:

GALLONS

1 TAXABLE GALLONS OF FUEL (from Schedule A, column 12, line 3)			
2 FUEL PURCHASED TAX PAID from:	Sched B line 5	plus	Sched C col 8
	<input type="text"/>		<input type="text"/>
		=	<input type="text"/>
NOTE: Copies of tax-paid invoices/receipts (specific to each vehicle(s) reported on Schedule A) must be attached. Fuels tax credits received (on weight mile reports, etc.) must be subtracted from the tax paid fuel being reported in line 2. See instructions.			
3 TOTAL TAXABLE GALLONS OF USE FUEL (line 1 minus line 2)			<input type="text"/>
4 USE FUEL TAX (multiply taxable gallons on line 3 by the current tax rate of 0.30)			\$ <input type="text"/>
5 INTEREST (when applicable)	DUE DATE <input type="text"/>	POSTMARK DATE <input type="text"/>	DAYS LATE <input type="text"/>
	MULTIPLY TAX ON LINE 4 BY NUMBER OF DAYS LATE BY 0.000329		
6 10% LATE PAYMENT PENALTY: multiply tax due on line 4 by .10			\$ <input type="text"/>
7 OTHER AMOUNTS PAID/(DEDUCTED) (attach documentation; see User Compliance Guide)			\$ <input type="text"/>
8 TOTAL DUE (add lines 4, 5, 6, AND 7)			\$ <input type="text"/>

MAKE CHECKS PAYABLE TO OREGON DEPARTMENT OF TRANSPORTATION (ODOT)

CERTIFICATION OF USER: 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 "fuel" as defined by ORS 319.520 used to propel motor vehicles on the highway. 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.

 SIGNATURE TITLE DATE

 PRINTED NAME OF SIGNER (SEE CERTIFICATION ABOVE) PRINTED NAME AND TITLE OF REPORT PREPARER

**State of Oregon Use Fuel User Tax Report
SCHEDULE B - Bulk Fuel Stock Summary with Fuel Purchases and Usage**

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SALEM OR 97301-2530
PHONE: (503) 378-8150 or
(888) 753-2525
FAX: (503) 378-3060

Space is provided for two tanks (use additional forms for additional tanks). If you co-mingle tax-paid and ex-tax purchases into one tank, use Form 735-1325 Sched B CM. See the Use Fuel User Compliance Guide for additional information on column entries.

Period: _____ License #: _____

Tank Name(s)/Number(s)/Description(s): _____

INVENTORY

		Storage	Storage
1	Physical inventory at beginning of period:		
2	Total Gallons Purchased:		
3	Gallons Available For Use (line 1 + line 2):		
4	Physical inventory at end of period:		
5	Use Fuel Consumed During Report Period (to be Carried Over to Schedule A):		
6	Use Fuel Consumed During Report Period (for Off-Road Equipment and Use, and 100% Weight-Mile Trucks):		

PURCHASES (Summary)

Supplier(s)	Gallons Purchased	Gallons Purchased

Total Purchases (should carry over to line 2):		

