

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 VENETA

## Motor Vehicle Fuel 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](http://www.oregon.gov/ODOT/CS/ftg)

Licensee Name			License #
Address			
City	State	Zip Code	

### CITY OF VENETA - AMENDED

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

**DISTRIBUTION**

- Sales, Use, and Distribution in City of Veneta (From Form 1453MA, Line 14, Column B).....
- Adjustments and Corrections -OFFICE USE ONLY-.....
- TOTAL DISTRIBUTION** (Sum of Lines 1 & 2 for Column B).....


**DEDUCTIONS**

- City of Veneta Tax-Paid Purchases (From Form 1453MA, Line 2a, Column B).....
- THIS LINE CURRENTLY NOT APPLICABLE TO CITY OF VENETA* .....
- Exports from City of Veneta (From Form 1453MA, Line 12, Column B).....
- Sales to U.S. Armed Forces (From Form 1453MA, Line 13, Column B).....
- Other (Attach Amended Form 1446 for Column B).....
- TOTAL DEDUCTIONS** (Sum of Lines 4-8 for Column B).....
- TOTAL GALLONS SUBJECT TO CITY OF VENETA TAX** (Line 3 minus Line 9 for Column B).....


- TAX RATE**.....
- TAX DUE** (Line 10 X Line 11 for Column B).....
- Other Additions or Credits (Attach Explanation for Column B).....
- Interest (.000329 X # of days late X amount of tax due on line 12 for Column B) .....
- Penalties (for Column B).....
- TOTAL AMOUNT DUE** (Sum of Lines 12-15 for Column B).....
- Amount Paid With Original Report and Previous Amendments .....
- Amount Due or <to be refunded> - Attach remittance (Line 16 minus Line 17).....

\$0.03	\$0.03	\$0.03
\$	\$	\$
\$	\$	\$
\$	\$	4
\$	\$	\$
\$	\$	\$
		\$
		\$

**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 Veneta during the month above stated by

**City of Veneta**  
**Amended**  
**735-1452MA**  
**(12/09)**

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.