



OREGON DEPARTMENT OF TRANSPORTATION
 FUELS TAX GROUP, MS 21
 355 CAPITOL ST NE
 SALEM OR 97301-3871
 PH: (503) 378-8150 OR (888) 753-2525
 FAX: (503) 378-3060

Website: <http://fuelstax.oregon.gov>
 email: ODOTFuelsTax@odot.state.or.us

USE FUEL USER TAX REPORT

MAIL REPORT AND REMITTANCE TO:
 ODOT FUELS TAX GROUP, UNIT 06
 PO BOX 4395
 PORTLAND OR 97208-4395

COMPANY INFORMATION					
COMPANY NAME	FEIN	LICENSE NUMBER	TAX REPORT PERIOD	<input type="checkbox"/> AMENDMENT	
ADDRESS	CITY	STATE	ZIP CODE	NAME AND TITLE OF PREPARER	

USE FUEL REPORTING	GALLONS
1. ALL RETAIL, CARDLOCK, AND FLEET FUELING PURCHASES (FROM SCHEDULE 1UF PLUS SCHEDULE 2UF)	
2. FUEL PURCHASED FOR BULK TANKS (FROM SCHEDULE 1B PLUS 2B)	
3. GALLONS OF FUEL PURCHASED IN REPORTING PERIOD (LINE 1 PLUS LINE 2)	
OPTION 1 SIMPLIFIED REPORTING - CHECK BOX IF THE FUEL AMOUNT IS 100% USED IN A TAXABLE MANNER (FORWARD THE GALLONS FROM LINE 3 TO LINE 8). <input type="checkbox"/>	
OPTION 2 GOVERNMENT REPORTING - CHECK BOX IF FUEL AMOUNT ON LINE 3 IS 100% TAX EXEMPT. NO TAX IS DUE. SIGN AND SUBMIT THE REPORT. <input type="checkbox"/>	
OPTION 3 MISC DEDUCTIONS (SCHEDULE C IS REQUIRED - SEE INSTRUCTIONS) - CHECK BOX IF FUEL IS USED IN EQUIPMENT OR PLACED INTO A MOTOR CARRIER VEHICLE WHEN WEIGHT-MILE TAX IS PAID ON ALL OREGON MILES. <input type="checkbox"/>	
4. GALLONS OF FUEL USED IN REPORTING PERIOD (FROM SCHEDULE 1UF, 2UF, AND SCHEDULE C GALLONS USED)	
5. MISC DEDUCTION GALLONS	
6. ADJUSTED GALLONS - LINE 4 MINUS LINE 5 (FORWARD THE ADJUSTED GALLONS TO LINE 8)	
7. OPTION 4 VEHICLE TAXABLE GALLONS - FROM SCHEDULE A COLUMN 14 (FORWARD THE TAXABLE GALLONS TO LINE 8)	
8. TAXABLE GALLONS (FROM SELECTED OPTION)	
9. SUBTRACT B20 OR GREATER USED COOKING OIL GALLONS PURCHASED AT RETAIL STATIONS (FROM SCHEDULE 2UF)	
10. SUBTRACT TAX PAID GALLONS USED (FROM SCHEDULE 1UF AND/OR SCHEDULE C GALLONS USED)	
11. TOTAL TAXABLE GALLONS (FROM LINE 8 MINUS LINE 9 AND 10)	

TAX CALCULATIONS	DOLLARS
12. USE FUEL TAX (MULTIPLY GALLONS ON LINE 11 BY THE CURRENT TAX RATE OF 0.30)	\$
13. INTEREST (MULTIPLY TAX ON LINE 12 BY NUMBER OF DAYS LATE BY 0.000329) NUMBER OF DAYS _____	\$
14. 10% LATE PAYMENT PENALTY (MULTIPLY LINE 12 BY 0.1)	\$
15. TOTAL DUE (ADD LINES 12, 13, AND 14)	\$

SIGNATURE

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.
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.

SIGNATURE	PRINT NAME	TITLE	DATE
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