

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**

# State of OREGON

## Motor Vehicle Fuel and Aircraft Fuel License Tax

This report is required to be filed with the Oregon Department of Transportation on or before the 25<sup>th</sup> day of the month following the calendar month in which the fuel reported herein was sold, used, and/or distributed.

For the Month / Year of: \_\_\_\_\_, \_\_\_\_\_

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**

<b>Licensee Name</b>			<b>License #</b>			
<b>Address</b>						
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Column A Gasoline</b>	<b>Column B Aviation Gasoline</b>	<b>Column C Jet Fuel</b>	<b>Column D Total</b>

**DISTRIBUTION**

- 1. Sales, Use, and Distribution in Oregon (From Form 1303, Line 14).....
- 2. Adjustments and Corrections - *OFFICE USE ONLY*-.....
- 3. **TOTAL DISTRIBUTION** (Sum of Lines 1 & 2 for Columns ABC).....


**DEDUCTIONS**

- 4. Oregon Tax-Paid Purchases (From Form 1303, Line 2a).....
- 5. Ex-Tax Sales, Exchanges, Distribution to Oregon Dealers (From Form 1303 Line 11)
- 6. Exports from Oregon (From Form 1303, Line 12).....
- 7. Sales to U.S. Armed Forces (From Form 1303, Line 13).....
- 8. Other (Attach Form 1306).....
- 9. **TOTAL DEDUCTIONS** (Sum of Lines 4-8 for Columns ABC).....


10. **TOTAL GALLONS SUBJECT TO OREGON TAX** (Line 3 minus Line 9 for ABC).....

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11. **TAX RATE**.....

	\$0.30	\$0.09	\$0.01
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12. **TAX DUE** (Line 10 X Line 11 for ABC) Enter Sum Columns ABC in Column D.....

	\$	\$	\$
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13. Other Additions or Credits (Attach Explanation) Enter Sum Columns ABC in Column D

	\$	\$	\$
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14. Interest (.000329 X # of days late X amt of tax due) Enter Sum Columns ABC in Column D

	\$	\$	\$
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15. Penalties (late filing\_\_\_\_) or (tax\_\_\_\_) Enter Sum Columns ABC in Column D.....

	\$	\$	\$
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16. **TOTAL DUE** (Sum Lines 12-15 for Columns ABC) - **PAY AMOUNT IN COLUMN D**

	\$	\$	\$
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17. Amount Paid - *OFFICE USE ONLY*-.....

	\$	\$	\$
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18. <Overpayment> or Underpayment --*OFFICE USE ONLY*--.....

	\$	\$	\$
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**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 and aircraft fuel sold, used, and distributed within the State of Oregon during the month above stated by

**Oregon Tax Report**  
**Form 735-1302**  
**(01/11)**

NAME OF LICENSEE \_\_\_\_\_ NAME OF TAX REPORT 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.