

Carrier Summary Report

For the month ending _____, 20__ .

Corrected Void

Part I **Carrier**

Company name	Employer Identification Number (EIN)
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Address (number, street, room or suite number) _____

City, state, and ZIP code (Foreign addresses, include province and postal code as appropriate. Do not abbreviate country name.) _____

Contact person	Daytime telephone number ()	FAX number ()	E-mail address
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Part II **Transactions for the Month**

	Net Gallons (attach additional schedule(s) if needed)			
<div style="font-size: 8px; line-height: 1.2;"> Enter the transactions for the period on Schedules A and B, then complete lines 1 and 2 for each product code (PC). See page 5 of the instructions for the product codes. </div>	(a)	(b)	(c)	(d)
	PC:	PC:	PC:	PC:
1 Total carrier receipts. Enter the total of net gallons from Schedule(s) A by product code.				
2 Total carrier deliveries. Enter the total of net gallons from Schedule(s) B by product code.				

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► _____ Title, if applicable ► _____ Date ► _____

(Please type or print your name below signature.)

