

IRS No.		Rate	Tax	IRS No.
33	Retail Tax Truck, trailer, and semitrailer chassis and bodies, and tractors	12% of sales price		33
29	Ship Passenger Tax Transportation by water	Number of persons \$3 per person		29
31	Other Excise Tax Obligations not in registered form	Amount of obligations \$.01		31
92	Luxury Tax Passenger vehicles (See instructions.)	Rate 3% of sales price over base amount		92
36	Manufacturers Taxes Coal—Underground mined	Number of tons Sales price	Rate \$1.10 per ton	36
37			4.4% of sales price	
38	Coal—Surface mined		Rate \$.55 per ton	38
39			4.4% of sales price	
66	Highway-type tires (See instructions.)			66
40	Gas guzzler tax (Attach Form 6197.)			40
97	Vaccines (See instructions.)			97
30	Foreign Insurance Taxes Policies issued by foreign insurers (See instructions.) Casualty insurance and indemnity bonds	Premiums paid	Rate \$.04	30
			.01	
			.01	
	Life insurance, sickness and accident policies, and annuity contracts			
	Reinsurance			
1 Total. Add all amounts in Part I. Complete Schedule A unless one-time filing.				\$

Part II

IRS No.		Rate	Tax	IRS No.
41	Sport fishing equipment	10% of sales price		41
42	Electric outboard motors and sonar devices	3% of sales price		42
44	Bows	11% of sales price		44
102	Arrow components	12.4% of sales price		102
64	Inland waterways fuel use tax	Number of gallons	Rate \$.244	64
51				
20	Floor Stocks Tax Ozone-depleting chemicals (floor stocks) (Attach Form 6627.)			20
2 Total. Add all amounts in Part II.				\$

Part III

3	Total tax. Add line 1, Part I, and line 2, Part II	3	
4	Claims (See instructions. Complete Schedule C.)	4	
5	Subtract line 4 from 3. If the result is less than zero, enclose the amount in parentheses	5	
6	Deposits made for the quarter	6	
7a	Overpayment from previous quarters	7a	
b	Enter the amount from Form 720X included on line 7a, if any	7b	
8	Total of lines 6 and 7a	8	
9	Balance Due. If line 5 is greater than line 8, enter the difference. This amount must be paid with the return. Enclose check or money order for full amount payable to the "United States Treasury." Write your EIN, "Form 720," and the quarter on it	9	
10	Overpayment. If line 8 is greater than line 5, enter the difference. If you have an entry that is less than zero on line 5, combine line 5 and line 8. Check if you want the overpayment: <input type="checkbox"/> Applied to your next return, or <input type="checkbox"/> Refunded to you.	10	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 3 of the separate instructions)? Yes. Complete the following. No.

Designee name Phone no. () Personal identification number (PIN)

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

Sign Here

Signature _____ Date _____ Title _____

Type or print name below signature. Telephone number ()

Schedule A **Excise Tax Liability** (See page 8 of the instructions.)

Note: You must complete Schedule A if you have a liability for any tax in Part I of Form 720. Do not complete Schedule A for Part II taxes (sport fishing equipment, electric outboard motors and sonar devices, bows, arrow components, inland waterways fuel use, alcohol sold but not used as fuel, or any floor stocks tax) or for one-time filings.

1 Regular method taxes

(a) Record of Net Tax Liability	Period					
	1st-15th day		16th-last day			
First month	A		B			
Second month	C		D			
Third month	E		F			
Special rule for September*	▶					
(b) Net liability for regular method taxes. Add the amounts for each semimonthly period.						

2 Alternative method taxes (IRS Nos. 22, 26, 28, and 27)

(a) Record of Taxes Considered as Collected	Period					
	1st-15th day		16th-last day			
First month	M		N			
Second month	O		P			
Third month	Q		R			
Special rule for September*	▶					
(b) Alternative method taxes. Add the amounts for each semimonthly period.						

*Complete only as instructed. See page 8.

Schedule C **Claims** Month your income tax year ends ►

- Complete Schedule C for claims *only* if you are reporting liability in Part I or II of Form 720.
- Attach a statement explaining each claim as required. Include your name and EIN on the statement. See page 8 of the instructions.

1 Nontaxable Use of Gasoline and Gasohol		Period of claim ►			
	Type of use	Rate	Gallons	Amount of claim	CRN
a	Gasoline	\$.184			362
b	10% gasohol	.131			359
c	7.7% gasohol	.14319			375
d	5.7% gasohol	.15379			376

2 Nontaxable Use of Aviation Gasoline		Period of claim ►			
	Type of use	Rate	Gallons	Amount of claim	CRN
a	Used in commercial aviation (other than foreign trade)	\$.15			354
b	Other nontaxable use	.194			324

3 Nontaxable Use of Undyed Diesel Fuel		Period of claim ►			
Claimant has the name and address of the person(s) who sold the diesel fuel to the claimant and the date(s) of the purchase(s) and if exported, the required proof of export.					
Claimant certifies that the diesel fuel did not contain visible evidence of dye.					
Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach a detailed explanation and check here . . . ► <input type="checkbox"/>					
Caution: Claims cannot be made on line 3 for diesel fuel used on a farm for farming purposes or for exclusive use by a state or local government.					
	Type of use	Rate	Gallons	Amount of claim	CRN
a	Nontaxable use	\$.244			360
b	Use in trains	.20			353
c	Use in certain intercity and local buses	.17			350

4 Nontaxable Use of Undyed Kerosene		Period of claim ►			
Claimant has the name and address of the person(s) who sold the kerosene to the claimant and the date(s) of the purchase(s) and if exported, the required proof of export.					
Claimant certifies that the kerosene did not contain visible evidence of dye.					
Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach a detailed explanation and check here . . . ► <input type="checkbox"/>					
Caution: Claims cannot be made on line 4 for kerosene used on a farm for farming purposes, for exclusive use by a state or local government, or for sales from a blocked pump.					
	Type of use	Rate	Gallons	Amount of claim	CRN
a	Nontaxable use	\$.244			346
b	Use in trains	.20			348
c	Use in certain intercity and local buses	.17			347

5 Nontaxable Use of Aviation Fuel		Period of claim ►			
	Type of use	Rate	Gallons	Amount of claim	CRN
a	Use in commercial aviation (other than foreign trade)	\$.175			355
b	Other nontaxable use	.219			369
c	Other nontaxable use	.044			377

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel		Period of claim ►			
UV Registration Number ►					
Claimant sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to make the claim; and obtained the required certificate from the buyer and has no reason to believe any information in the certificate or statement is false. See the instructions for additional information to be submitted.					
Claimant certifies that the diesel fuel did not contain visible evidence of dye.					
Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach a detailed explanation and check here . . . ► <input type="checkbox"/>					
		Rate	Gallons	Amount of claim	CRN
a	Use on a farm for farming purposes	\$.244			360
b	Use by a state or local government	.244			

7 Sales by Registered Ultimate Vendors of Undyed Kerosene

Period of claim ▶ _____
 UV Registration Number ▶ _____
 UP Registration Number ▶ _____

Claimant sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim; and obtained the required certificate (for lines 7a and 7b) from the buyer or has the statement required by Regulations section 48.6427-10(e)(4) (for line 7c) and has no reason to believe any information in the certificate or statement is false. See the instructions for additional information to be submitted.

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach a detailed explanation and check here. ▶

	Rate	Gallons	Amount of claim	CRN
a Use on a farm for farming purposes	\$.244			346
b Use by a state or local government	.244			
c Sales from a blocked pump	.244			

8 Use of LPG in Certain Buses

Period of claim ▶ _____

	Rate	Gallons	Amount of claim	CRN
a Certain intercity and local buses	\$.062			352
b Use in qualified local buses	.136			361
c Use in school buses	.136			

9 Gasohol Blending

Period of claim ▶ _____

Claimant certifies that it bought gasoline taxed at the full rate and blended it with alcohol to make gasohol. The gasohol was sold or used in claimant's trade or business. For **each batch** of gasohol, claimant has the required information relating to the purchase of the gasoline and alcohol used to make the gasohol and to support the amount claimed.

	Type of gasohol	Rate	Gallons of		Amount of claim (rate x gals. of gasoline)	CRN
			Gasoline	Alcohol		
a	10% gasohol	\$.03845				356
b	7.7% gasohol	.02887				357
c	5.7% gasohol	.02092				363

10 Gasoline

Earliest date of sale included in claim ▶ _____

Latest date of sale included in claim ▶ _____

Claimant sold the gasoline, gasohol, or aviation gasoline at a tax-excluded price, repaid the amount of the tax to the ultimate vendor, or has obtained the written consent of the ultimate vendor to make the claim; and has the required supporting information.

	Type of use	Rate	Gallons	Amount of claim	CRN
a	Gasoline	\$.184			362
b	10% gasohol	.131			359
c	7.7% gasohol	.14319			375
d	5.7% gasohol	.15379			376
e	Aviation gasoline	.194			324

11 Other claims. See page 10 of the instructions.

For claims under section 6416(b)(2) relating to certain uses and resales of certain articles subject to manufacturers or retailers taxes, claimant sold the article at a tax-excluded price, repaid the amount of tax to the ultimate vendor, or has obtained the written consent of the ultimate vendor to make the claim.

	Amount of claim	CRN
a Section 4051(d) tire credit		366
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		

12 Total claims. Add all amounts on lines 1-11. Enter the result here and on page 2, Part III, line 4 of Form 720.

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