

Carrier Summary Report

For the month ending _____, 20__ .

Corrected Void

Part I **Carrier**

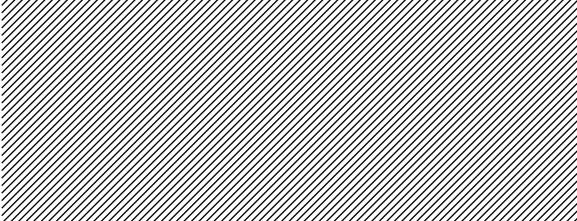
Company name	Employer Identification Number (EIN)
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Address (number, street, room or suite number)

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) 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.			
	(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.)

