

Terminal Operator Report

Corrected Void

For the month ending _____, 20__ .

Part I Terminal Operator

Company name			Employer Identification Number (EIN) :
Address (number, street, room or suite number)			Form 637 Registration Number
City, state, and ZIP code			
Contact person	Daytime telephone number ()	Fax number ()	Email address

Part II Terminal

Name of terminal	Terminal Control Number (TCN)
Terminal location	

Part III 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 through 7 for each product code (PC). See page 6 of the instructions for the product codes.			
	(a)	(b)	(c)	(d)
	PC:	PC:	PC:	PC:
1 Beginning inventory.				
2 Total receipts. Enter the total net gallons from Schedule(s) A, column (f), by product code.				
3 Total gallons available. Add lines 1 and 2.				
4 Total disbursements. Enter the total net gallons from Schedule(s) B, column (e). If you have disbursements for more than one position holder for a product code, add the amounts from each position holder's Schedule B and enter the combined total by product code here.				
5 Subtract line 4 from line 3.				
6 Stock gains and losses. Show losses in (parentheses).				
7 Actual physical ending inventory at terminal.				

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 ► _____

Type or print your name below signature.

