

Carrier Summary Report

For the month ending _____, 20__ .

Corrected Void

Part I Carrier

Company name			Employer Identification Number (EIN)
Address (number, street, room or suite number)			Form 637 Registration 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 ()	Email address

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 6 of the instructions for the product codes.			
		(a)	(b)	(c)
	PC:	PC:	PC:	PC:
1 Total carrier receipts. Enter the total net gallons from Schedule(s) A, column (f), by product code. If you have receipts from more than one terminal for a product code, you must add the amounts from each terminal's Schedule A and enter the combined total by product code here.				
2 Total carrier deliveries. Enter the total net gallons from Schedule(s) B, column (f), by product code. If you have deliveries to more than one terminal for a product code, you must add the amounts from each terminal's Schedule B and enter the combined total by product code here.				

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.

