

State of New Jersey  
Division of Taxation  
MOTOR FUELS TAX

**SELLER-USER OF SPECIAL FUELS REPORT**

For Return Periods Ending July 1995 and Thereafter

For the month of \_\_\_\_\_, \_\_\_\_\_

FID # _____  Name _____  Address - Number & Street _____  City _____ State _____ Zip Code _____	<p><b>DUE DATE:</b> Must be received on or before 20th of the month following the report month.</p> <p><b>Make Check Payable To:</b> "State of New Jersey - MFT"</p> <p><b>Mail with report to:</b> Division of Taxation Revenue Processing Center PO Box 243 Trenton, NJ 08646-0243</p>
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**USE WHOLE GALLONS ONLY**

1. Total Receipts of Special Fuels (Must detail on Schedule A on reverse side) .....		
2. Total Gallons Sold and/or Used .....		
3. Non-Taxable Sales (Must Detail on Schedule B, (a) on reverse side) .....		
4. Non-Taxable Use (Must Detail on Schedule B, (b) on reverse side) .....		
5. Total Non-Taxable Sales or Use (Add Lines 3 and 4) .....		
6. Taxable Sales & Use (Must Detail on Schedule C on reverse side) Line 2 minus Line 5 .....		
7. Gross Tax Due on Special Fuels (Multiply Gallons on Line 6 by \$0.135 cents per gallon) .....		\$
8. Tax Due on Liquefied Petroleum Gas and Liquefied or Compressed Natural Gas Gallons _____ x .0525. Enter result here .....		\$
9. Total Tax Due (Add Lines 7 and 8) .....		\$
10. Penalty and Interest (see instructions) .....		\$
11. Amount Due (Add Lines 9 and 10) .....		\$

**REVERSE SIDE OF THIS FORM MUST BE COMPLETED**

I declare, under the penalties provided by law, that all of the information contained in this return and in all schedules and statements in support of it is true and accurate in every particular.

Signature of Authorized Officer of Taxpayer	Title	Date
Signature of Individual or Firm Preparing Return	Federal Identification Number	Date

