

**THIS REPORT REQUIRED BY
N.J. MOTOR FUEL TAX LAW**

**MOTOR FUEL TAX
IMPORTER REPORT**

Please print or type name and address exactly as it appears on License Certificate

F.I.D. NO. _____
Name of Licensee _____
Address _____
Address County State Zip Code

This report must be filed on a monthly basis even if there has been no activity during the report month. Please submit the tax due and the report, in **DUPLICATE**, to:

DIVISION OF TAXATION - MOTOR FUEL TAX, PO BOX 243, TRENTON, NJ 08695-0243
on or before the 20th of the month following the report month.

Make check payable to: STATE OF NEW JERSEY-MFT.

Note: Negative returns should be indicated by writing "NONE" on lines 9, 10 and 17.

REFER TO INSTRUCTIONS FOR REPORTING - USE REVERSE SIDE FOR ADDITIONAL SPACES.

Line	A Date Rec'd	B Method of Delivery	C Purchased From	D Point of Shipment	E Sold To	F Point of Delivery	G Gallons
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.	Sub-total transferred from line 36 on reverse side						

- 9. Total Gallons Imported - Gasoline
- 10. Total Gallons Imported - Gasoline (Line 9)
- 11. Previously Unreported Gallons (attach detail)
- 12. Total Gallons Imported (Line 10 plus Line 11)
- 13. Gallons Sold to Government Agencies (Attach U.S. 1094 and C-6060-MF)
- 14. Gallons Sold to Licensed Distributors and Gasoline Jobbers (From Schedule GA-1B)
- 15a Gallons Sold for Export (from Schedule GA-1B)
- 15b Gallons Purchased Instate and Directly Exported (from Schedule GA-1B) (not a deduction)
- 16. Gallons Taxable (Line 12 minus the sum of Lines 13, 14 and 15a)
- 17. Gross Tax Due (Line 16 at current rate per gallon) \$
- 18. Add: Airport Safety Tax (from Schedule GA-IV)
- 19. Add Penalty and Interest
- 20a Less Prior Month Credit \$
- 20b Less Amount Paid with Estimated Return or Electronic Funds Transfer \$
- 21. Net Tax Due (Line 17 plus Lines 18 and 19 minus Lines 20a and 20b) ENTER AMOUNT HERE → \$

PAY THIS AMOUNT

The undersigned IMPORTER, UNDER THE PENALTIES OF PERJURY, states that all of the information contained in this report is true and accurate in every particular.

Signature Title Date

Signature of Individual or Firm Preparing Return Federal ID Number Telephone # Date

STATE OF NEW JERSEY

Name of Licensee _____

Report Month _____, 20____

(This section to be used if required)

	A	B	C	D	E	F	G	
Line	Date Rec'd	Method of Delivery	Purchased From	Point of Shipment	Sold To	Point of Delivery	Gallons	
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								
32.								
33.								
34.								
35.								
36.	Sub-total Gallons Imported							

(Transfer sub-total on Line 36 to Line 8 on front side of this form).