



# State of New Jersey

Send to:

## Division of Revenue

PO Box 243  
Trenton, NJ 08695-0243

Period	
mm	yyyy

Pursuant to NJSA 54:39-101 et seq  
01-2011

**RMF-10**

# Combined Motor Fuel Tax Return

Ultimate Vendors-Blocked Pumps, AvFuel Dealers, LPG Dealers, & Consumers

Taxpayer Name		Address of Taxpayer	
Trade Name		Contact Person and Phone #	FID #

1. Ultimate Vendor-Blocked Pump			3. Aviation Fuel Dealer		
Line 1	Exempt Kerosene Sales <i>From Schedule RMF201</i>		Line 11	AST Exempt Sales <i>from Schedule RMF411</i>	
Line 2	Taxable Kerosene Sales <i>From Schedule RMF202</i>		Line 12	AvFuels Subject to AST <i>From Schedule RMF412</i>	
Line 3	Tax Due <i>Multiply Line 2 by 0.135</i>		Line 13	Tax Due <i>Multiply Line 12 by .02</i>	
Line 4	Tax Paid on Purchases <i>From Schedule RMF204</i>		Line 14	Tax Paid to Provider <i>From Schedule RMF414</i>	
Line 5	Net Tax Due - UVB <i>Line 3 minus Line 4</i>	<i>if less than zero, enter 0</i>	Line 15	Net Tax Due - AST <i>Line 13 minus Line 14</i>	<i>if less than zero, enter 0</i>
2. LPG Dealer			4. Consumer Tax Liability		
Line 6	Exempt Sales <i>From Schedule RMF306</i>		Line 16	Consumer's Tax Liability <i>from Schedule RMF516</i>	
Line 7	Taxable Sales <i>From Schedule RMF307</i>				
Line 8	Tax Due <i>Multiply Line 7 by .0525</i>				
Line 9	Tax Paid to Provider <i>From Schedule RMF309</i>		5. Total Tax Due		
Line 10	Net Tax Due - LPG <i>Line 8 minus Line 9</i>	<i>if less than zero, enter 0</i>	Line 17	Total Tax Due <i>Total of Lines 5, 10, 15, 16</i>	

The signature of the authorized individual affirms that all information contained in this report, as well as the attached schedules and documents, is complete and true, to the best of the knowledge of the signator. Incomplete or inaccurate information subjects this taxpayer to penalties and interest.

Signature		Printed Name	
		Title	
Date Signed			