

This form is issued under authority of P.A. 403 of 2000, as amended. Filing is Mandatory.

Dealer's Liquid Petroleum Gas Tax Return

This report is due

▶ 1. Company Name and Mailing Address

▶ 2. Report Period (MM/CCYY)	
▶ 3. Account Number (FEIN or TR)	▶ 3A. License Number
4. Contact Person Name	
5. Telephone Number	6. Fax Number
7. E-mail Address	

INSTRUCTIONS: All licensed LPG dealers must file this report with remittance on or before the 20th day of the month following the end of the reporting period. File even if no tax is due. Failure to file is punishable by penalty, interest and revocation of your license. Complete all applicable items.

DIRECT SALES OR DELIVERY TO MOTOR VEHICLES

8. L.P. gas sold or delivered by placing into a permanently attached fuel supply tank of a motor vehicle..... ▶ 8. _____

9. L.P. gas sold or delivered by exchanging or replacing the fuel supply tank of a motor vehicle ▶ 9. _____

SALES TO STORAGE FACILITIES

10. L.P. gas delivered into a storage facility used exclusively for resale to or for use by motor vehicles ▶ 10. _____

COMPANY USE

11. L.P. gas withdrawn from cargo container of truck, trailer or semi-trailer for operation of motor vehicles..... ▶ 11. _____

12. L.P. gas delivered to company-owned motor vehicles..... ▶ 12. _____

You must complete lines 13 through 17.

13. Gross taxable gallons. Add lines 8 through 12 ▶ 13. _____

TAX COMPUTATION

14. Tax due at 15 cents per gallon (line 13 x .15)..... ▶ 14. \$ _____

15. Penalty (5% of tax due per month to a maximum of 25%.) ▶ 15. \$ _____

16. Interest (1% above prime rate set January 1 and July 1 of each year) ▶ 16. \$ _____

17. **TOTAL REMITTANCE.** Add lines 14 through 16..... **PAY** ▶ 17. \$ _____

CERTIFICATION

I certify under penalty of perjury, that I have examined this return, and to the best of my knowledge and belief, it is true and complete.			
▶ <input type="checkbox"/> I authorize Treasury to discuss my return and attachments with my preparer.		<input type="checkbox"/> Do not discuss my return with my preparer.	
▶ Authorized Signature		Preparer's Signature	Preparer's FEIN
Printed Name	Date	Printed Name	Date
Title	Telephone Number ()	Address	Telephone Number ()

Make check payable to "State of Michigan-Motor Fuel."
Print your account number on the front of your check.

MAIL WITH REMITTANCE TO:
Michigan Department of Treasury
P.O. Box 77401
Detroit, Michigan 48278

MAIL ZERO RETURN TO:
Michigan Department of Treasury
Special Taxes Division - Motor Fuel
P.O. Box 30474
Lansing, Michigan 48909-7974
Questions??? Call (517) 636-4600