

## Dyed Diesel Fuel User Tax Return

# DD

See next page for where to send this form.

A. Reporting period	For validation only. 108-030-116-0001
Year Quarter 1 2 3 4 License number	
B. No operations Amended return New address Effective date	
Late return Name change Cancel license	
C. Name and address	Validated postmark date
	. 1
Beginning physical inventory	1
2. Fuel received (total from Schedule A on page 2)	2
Ending physical inventory	3
4. Total accountable gallons (line 1 + line 2 - line 3)	4
5. Tax-exempt gallons (total from Schedule B on page 2)	5
6. Taxable gallons (line 4 - line 5)	6
7. Washington power take-off credit*	7
8. Net taxable or credit gallons (line 6 - line 7)	8
9. Special fuel tax (line 8 x \$.584)	9
10. Penalty after 25th of the month (line 9 total x 10%)	0
11. Sum of line 9 total + line 10	1
12. Interest after end of month (line 11 x 1%)	2
13. Total fuel tax liability (line 11 + line 12)	13
14. Previous payments (Amended returns only)	4 ( )
15. Sales tax credit (See Fuel Tax Refund rates at dol.wa.gov)	5
16. Total adjustments (line 14 + line 15)	16
17. If total of line 13 - line 16 is greater than zero, amount owed	17
18. If total of line 13 - line 16 is less than zero, net refund amount	18
* Support schedule required	
Printed name of person signing Contact name (If different from	om person signing)
Contact 10-digit phone number	
I declare under penalty of perjury under the law of Washington that the foreg	oing is true and correct.
<u> </u>	
Date and place Signature	

### **Dyed Diesel Fuel User Tax Return**

License number\_\_

Schedule A - Dyed diesel fuel received		
A1 Dyed diesel purchases	A1	

Total dyed diesel (line A1 + line A	2) Line 2, Page 1	
A2 Other (explain)	A2	

#### Schedule B - Tax-exempt gallons used

B1 Gallons used in exempt vehicles	B1	
B2 Washington off-highway gallons		
(used by licensed on-road vehicles)*	B2	
B3 Gallons used in non-highway equipment	B3	
B4 Other (explain)	B4	
Total exempt (Add lines B1 through line B4)	Line 5, Page 1	

<sup>\*</sup> Mileage and fuel totals for all vehicles must be retained.

#### If payment is enclosed, send this completed form and supporting documents to:

Prorate and Fuel Tax,

Department of Licensing,

PO Box 9048,

Olympia, WA 98507-9048

## If payment is not enclosed, send this completed form and supporting documents to:

IFTA Unit,

Name \_\_

Department of Licensing,

PO Box 9228,

Olympia, WA 98507-9228

or fax to 360-570-7829 or 360-570-7839