

Dyed Diesel Fuel User Tax Return

Name _____ License number _____

Schedule A - Dyed diesel fuel received

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

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	

* 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, Department of Licensing, PO Box 9228, Olympia, WA 98507-9228 or fax to (360) 570-7829 or (360) 570-7839