

STATE OF ARKANSAS
DEPARTMENT OF FINANCE & ADMINISTRATION
MOTOR FUEL TAX SECTION
P. O. BOX 1752 LITTLE ROCK, AR 72203-1752
PHONE (501) 682-4800

LICENSED LPG SUPPLIER

<input type="checkbox"/> CHECK HERE IF FILING AMENDED REPORT	<input type="checkbox"/> CHECK IF THIS IS A FINAL REPORT								
NAME	ACCOUNT NUMBER <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width:12.5%;">0</td> <td style="width:12.5%;">0</td> <td style="width:12.5%;">0</td> <td style="width:12.5%;">0</td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>	0	0	0	0				
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STREET	19 YEAR MONTH NUMERICAL <table style="margin-left: 40px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="padding-left: 20px;">REPORT MONTH</td> </tr> </table>					REPORT MONTH			
				REPORT MONTH					
CITY STATE AND ZIP	PHONE NUMBER ()								

FOLLOW INSTRUCTIONS ON REVERSE SIDE OF THIS FORM IN PREPARING REPORT

1. GALLONS RECEIVED IN ARKANSAS TAX UNPAID (FORM R SCHEDULE TYPE 2).....	
2. AUTHORIZED EXEMPT SALES (FORM D SCHEDULE TYPE 10G).....	
3. ARKANSAS TAXABLE GALLONS	
4. TAX DUE (LINE 3 X .165).....	
5. CREDIT FROM PRIOR MONTH (S) (OVER\$1.00).....	
6. TOTAL REMITTED OR CREDIT (EFT TAX TYPE 05500).....	

I, The Undersigned, hereby declare under penalties of law that the information provided above is true and correct to the best of my knowledge.

CHECK ONE : REFUND _____ CREDIT _____

SIGNATURE _____

DATE _____

GENERAL INSTRUCTIONS FOR LICENSED LPG SUPPLIER FORM

Every licensed supplier shall on or before the 25th day of each calendar month, file with the Commissioner of Revenue a report accounting for all motor fuels handled during the preceding month. Even when an account has NO activity.

Please note that all original and amended returns must be submitted electronically. All original payments must be submitted by electronic funds transfer (EFT).

Arkansas Tax Code § 26-18-506(b) requires every supplier to keep for a period of six years records, books, and original documents showing all purchases, receipts, losses, sales distribution and use of motor fuels. These records are subject to examination by the Director or his Agents at any reasonable time.

INSTRUCTIONS FOR FILING REPORT

- LINE 1:** Total gallons for vehicle consumption. Form R schedule type 2.
- LINE 2:** All bulk and individual sales to flat fee users. Form D schedule type 10G.
- LINE 3:** Sales to Non-Arkansas registered vehicles and fuel placed in LPG Supplier vehicles.
- LINE 4:** Multiply line 3 by the appropriate tax rate and enter the tax due.
- LINE 5:** Enter credit from prior month(s) over \$1.00.
- LINE 6:** Total tax remitted.