691718

Contact phone number

LFCL

Postmark Date___

Office Use Only

KANSAS DEPARTMENT OF REVENUE

LIQUID FUEL CARRIER PETROLEUM PRODUCTS REPORT SCHEDULE OF DELIVERIES

| | FEIN NO.: | | | MONTH AND YEAR: | | | | | | | | | |
|--------------------------------|----------------------------------|-------------------|---------------|-----------------|-------------------|----------------------------|-------------------|---------------------------------|-------------------|--------------------|----------------------|---------|-----------------|
| NAME OF CARRIER | { | | | | | | | | | | | | |
| | | | | | LICENSE NO | O · | | SCHEDULE NO: | | | | | |
| ADDRESS | | | | | LIOLINOL III | O <u> </u> | | SCHEDULE NO.:(See instructions) | | | | | |
| | | | | | | | | | | | | | |
| CITY STATE ZIP | | | | | | | | | | | | | |
| | | | | | | | | T ========= | | | | | |
| PERSON HIRING THE COMPANY NAME | CARRIER SELLER FEIN COMPANY NAME | | FEIN | MODE | ORIGIN | DELIVERED TO NAME ADDRESS | | FEIN | DATE DELIVERED | MANIFEST NUMBER | GALLONS GROSS NET | | PRODUCT CODE |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| This report must be | e filed with the | Department of Rev | enue on or be | efore the | 15th day of th | ne following mo | nth for which the | report is ma | de. | | | | |
| | | | | | | | | | | | | | |
| | | | | I ce | ertity this to be | e a true, comple | ete, and accurate | e report of all | tuels transpor | ted as a duly | / licensed c | arrier. | |
| | | | | | | | | | | | | | |

Signature of authorized person

LIQUID FUEL CARRIER PETROLEUM PRODUCTS REPORT - SCHEDULE OF DELIVERIES - INSTRUCTIONS

GENERAL INSTRUCTIONS

Schedule provides detail information of each delivery included on the Common and Contract Petroleum Products Carrier Report. Prior to recording the information requested in columns (1) through (10), you should organize your records as follows:

Schedule 14A - Total all deliveries of fuel from in-state locations to locations outside the state (exports)

Schedule 14B - Total all deliveries of fuel from out-of-state locations to locations inside the state (imports)

Schedule 14C - Total all deliveries of fuel between points in the state (intrastate)

COLUMN INSTRUCTIONS

Column (1) & (2)

Person Hiring the Carrier - Enter the name and federal employer identification number of the company that hired you.

Column (3) & (4)

Seller - Enter the name and federal employer identification number of the company from whose account the fuel was withdrawn at the terminal.

Column (5)

Mode; Mode of Transport - Enter one of the following:

S = Ship (Great Lakes or ocean marine vessel) J = TruckPL = Pipeline R = Rail B = Barge

Column (6)

Origin - Enter the city and/or state or country shown on the delivery document (bill of lading, manifest or other loading document issued by the terminal operator) where the petroleum product was loaded for each delivery. If the product was loaded at a terminal, enter the uniform terminal code assigned to such terminal.

Column (7), (8), & (9)

Delivered to - Enter the name, address and federal employer identification number of the final delivery point. If delivered to a terminal, enter the terminal code for that terminal.

Column (10)

Date delivered - Enter the date the petroleum product was delivered for each delivery. (MM DD YY)

Column (11)

Manifest number - Enter the identifying number from the bill of lading issued at the terminal when product is removed over the rack. In the case of pipeline or barge movements, enter the pipeline or barge ticket number.

227 - LOW SULFUR DIESEL- DYED

Column (12), (13), & (14)

124 - GASOHOL

Gallons - Enter the number of gross and net gallons and product code for each delivery. For additional Product codes go to: https://www.ksrevenue.org/pdf/UniformProductCodes.pdf

PRODUCT CODE: 125 - AVIATION GASOLINE 167 - LOW SULFUR DIESEL # 2-UNDYED 231 - NO. 1 DIESEL FUEL - DYED 54 - PROPANE 130 - JET FUEL 224 - COMPRESSED NATURAL GAS E00-E99 - ETHANOL 65 - GASOLINE 142 - KEROSENE 225 - LIQUEFIED NATURAL GAS M00-M99 - METHANOL 122 - BLENDING COMPONENTS 150 - NO. 1 FUEL OIL 226 - HIGH SULFUR DIESEL-DYED - OTHER (see FTA PRODUCT CODE LIST) 161 - LOW SULFUR DIESEL #1-UNDYED

To see how the filing requirements apply to you, go to www.ksrevenue.org Policy Information Library and look up K.S.A.79-3416

Mail the completed Liquid Fuel Carrier Petroleum Products Report form to: Kansas Department of Revenue, Customer Relations-Motor Fuel, PO Box 750680, Topeka, Kansas 66625-0680 Website: www.ksrevenue.org Phone: 785-368-8222 Fax: 785-296-2703