FID No.

All columns must be completed for each transaction

Company Name:

STATE OF NEW JERSEY DIVISION OF TAXATION MOTOR FUEL TAX

MULTIPLE SCHEDULE OF GASOLINE DISBURSEMENTS

SCHEDULE * ———	
PRODUCT CODE **	

Month of _____

TOTAL

(Use a SEPARATE form for each line and product)

Gallons Delivered to Licen Distributors & Jobbers – T	*TYPE OF SCHEDULE 6. Gallons Delivered – Tax Collected 7. Gallons Delivered to Licensed Motor Fuel Distributors & Jobbers – Tax Not Collected 8. Gallons Exported to State of Other Non-taxable Distribution					** PRODUCT CODE (PC) – TYPE OF PRODUCT A – Gasoline D – Quantity Extender B – Alcohol/Gasoline E – Other (Identify) C – Aviation Gasoline		
(1) Name of Carrier	(2)		(3)	(4) Purchaser	(5) Date	(6) Invoice or	(7)	
	Origin	Destination	Sold To	Federal ID No.	MM / DD / YY	Document No.	Gallons	
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