

**TERMINAL OPERATOR ANNUAL REPORT** 

## Mail to:

Louisiana Department of Revenue P. O. Box 201 Baton Rouge, LA 70821-0201 (225) 219-7656 (225) 219-2114 (TDD)

FOR OFFICE USE ONLY.							Field flag		
Filin	g								

FEIN TCN Period MM/YY Α в С D Computation of Undyed Dyed Aviation **Unaccounted For Losses** Gasohol Gasoline **Diesel Fuels Diesel Fuels** Fuels 1 Actual beginning inventory 2 Total receipts (Sch. K - R-5386) 3 Stock gains (Sch. L - R-5387) Gallons available (Add Lines 1, 2, & 3.) 4 Fuel removed from terminal 5 across rack (Sch. M - R-5388) Fuel removed from terminal as a 6 bulk transfer (Sch. M - R-5388) Accounted for losses 7 (Sch. N - R-5389) 8 Stock losses (Sch. L - R-5387) Disbursements (Add Lines 5, 6, 7, & 8.) 9 Computed ending inventory 10 (Subtract Line 9 from Line 4.) Actual ending inventory 11 12 Unaccounted for loss 13 Loss allowance (Line 9 X .005.) 14 Taxable unaccounted for loss 15 Tax due (Line 14 X \$.20.) 00 00 00 Inspection fee due (Line 14 X \$.00125.) 16 00 00 00 00 00 Total Tax and Fee Due 17 00 00 00 00 00 (Add Line 15 and Line 16.) 18 Total Due (Add Columns A through E, Line 17.) 18 \$ 00 19 Penalty (See instructions.) 19 \$ 00 20 \$ 20 Interest (See instructions.) 00 Total Amount Due (Enter the total of Lines 18, 19, and 20.) 21 <sub>\$</sub> 21 PAY THIS AMOUNT. 00 Make payment to: Louisiana Department of Revenue. Do not send cash.

This report and payment are due on or before the last day of February and becomes delinquent on the first day thereafter. If the due date falls on a weekend or legal holiday, the report is due the next business day.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported of which he has any knowledge. Date Signature Title Telephone number Date Preparer ID Signature of preparer other than taxpayer Telephone number

Complete only if change in business status has occurred. Please print or type.								
Date business discontinued	Date business sold	Name of purchaser						



If your name has  $\cap$ changed, mark circle. If your address has changed, mark circle.

