

Department of the Treasury
Internal Revenue Service

For the month ending _____, 20__.

OMB No. 1545-1733

☐ Corrected ☐ Void



Form 720-CS (Rev. 09-2010) Catalog Number 72174J
Department of the Treasury **Internal Revenue Service** www.irs.gov



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|---|--|--------------------------|--|--------------------------------------|--|---------------|--|
| Part I | | | | Carrier | | | |
| Company name | | | | Employer identification number (EIN) | | | |
| Address (number, street, room or suite number) | | | | Form 637 registration number | | | |
| City, state, and ZIP code (Foreign addresses, include province and postal code as appropriate. Do not abbreviate country name.) | | | | | | | |
| Contact person | | Daytime telephone number | | Fax number | | Email address | |

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|------------|--|------------|--|------------|--|
| Part II | | | | | Transactions for the Month | | | | | | | |
| | | | | | Net Gallons (attach additional schedule(s) if needed) Enter the transactions for the period on Schedules A and B, then complete lines 1 and 2 for each product code (PC) (see instructions). | | | | | | | |
| | | | | | (a) | | (b) | | (c) | | (d) | |
| | | | | | PC: | | PC: | | PC: | | PC: | |
| 1 Total receipts. Enter the total net gallons from Schedule(s) A, column (g), by PC. If you have receipts from more than one facility for a PC, add the amounts from each facility's Schedule A and enter the combined total by PC. | | | | | | | | | | | | |

| | | | | |
|---|--|--|--|--|
| 2 Total deliveries. Enter the total net gallons from Schedule(s) B, column (g), by PC. If you have deliveries to more than one facility for a PC, you must add the amounts from each facility's Schedule B and enter the combined total by PC. | | | | |
|---|--|--|--|--|

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature ►

Title, if applicable

Date ►

Type or print your name below signature.

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|--------------------------------------|-----|------------------------------|--|
| Carrier name as shown on Form 720-CS | EIN | Form 637 registration number | For the month ending (enter MM/DD/YYYY) |
|--------------------------------------|-----|------------------------------|--|

Schedule A

Carrier Receipts

| | |
|--|-------------------------|
| Facility name. Complete a separate Schedule A for each facility. | Facility control number |
|--|-------------------------|

| | |
|---|--|
| 1 Product Code (PC). Enter the PC (see instructions). A separate schedule is required for each PC▶ | Page _____ of _____ For more than one Schedule A, for each different PC, number each sheet. For example, 1 of 4, 2 of 4, etc. |
|---|--|

2 Enter in the columns below the information requested for the PC on line 1 above.

| (a) Consignor EIN | (b) Consignor name | (c) Mode code | (d) Vessel official number (required when mode code is B, S, IB, IS, EB, or ES) | (e) Document date | (f) Document number | (g) Net gallons |
|----------------------|-----------------------|------------------|--|----------------------|------------------------|--------------------|
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| (a) Consignor EIN | (b) Consignor name | (c) Mode code | (d) Vessel official number (required when mode code is B, S, IB, IS, EB, or ES) | (e) Document date | (f) Document number | (g) Net gallons |
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| 3 Total. Add all amounts in column (g) and enter the total. If there is more than one page for a PC, add the amounts from each page and enter the result on the last page of Schedule A for that PC. Do not enter page subtotals. Enter the amount from column (g) on Form 720-CS, Part II, line 1, in the column for the applicable PC▶ | | | | | | 3 |

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|--------------------------------------|-----|------------------------------|--|
| Carrier name as shown on Form 720-CS | EIN | Form 637 registration number | For the month ending (enter MM/DD/YYYY) |
|--------------------------------------|-----|------------------------------|--|

Schedule B

Carrier Deliveries

| | |
|--|-------------------------|
| Facility name. Complete a separate Schedule B for each facility. | Facility control number |
|--|-------------------------|

| | |
|---|---|
| 1 Product Code (PC). Enter the PC (see instructions). A separate schedule is required for each PC.....▶ | Page _____ of _____ For more than one Schedule B, for each different PC, number each sheet. For example, 1 of 4, 2 of 4, etc. |
|---|---|

2 Enter in the columns below the information requested for the PC on line 1 above.

| (a) Consignor EIN | (b) Consignor name | (c) Mode code | (d) Vessel official number (required when mode code is B, S, IB, IS, EB, or ES) | (e) Document date | (f) Document number | (g) Net gallons |
|----------------------|--------------------------|------------------|--|----------------------|---------------------------|--------------------|
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| (a) Consignor EIN | (b) Consignor name | (c) Mode code | (d) Vessel official number (required when mode code is B, S, IB, IS, EB, or ES) | (e) Document date | (f) Document number | (g) Net gallons |
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| 3Total. Add amounts in column (g) and enter the total. If there is more than one page for a PC, add the amounts from each page and enter the result on the last page of Schedule B for that PC. Do not enter page subtotals. Enter the amount from column (g) on Form 720-CS, Part II, line 2, in the column for the applicable PC.....▶ | | | | | | 3 |