| 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) <br> 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) PC: | (b) PC: | (c) PC: | (d) |
| 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 $\qquad$ Title, if applicable
Date $\qquad$

Type or print your name below signature.

## 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 $\qquad$ of <br> 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.



## 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

## Page

 ofFor more than one Schedule B, for each different PC, number each sheet. For example, 1 of 4,2 of 4 , etc. required for each PC

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

| (a) Consignor EIN | (b) <br> Consignor name | (c) <br> Mode code | (d) <br> Vessel official number (required when mode code is $B, S, I B, I S, E B$, or $E S$ ) | (e) <br> Document date | (f) Document number | (g) Net gallons |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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|  |  |  |  |  |  |  |
| 3 Total. 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 |

