## Form **720-CS**

(Rev. September 2010) Department of the Treasury Internal Revenue Service

## **Carrier Summary Report**

OMB No. 1545-1733

ompany name	Carrier									
ompany name							Employer identification number (EIN)			
ddress (number, street, room or suite number)							Form 637 registration number			
ty, state, and	ZIP code (Foreign addresses,	include province and post	al code a	as appropriate. D	o not abbre	eviate cou	ntry name.)			
ntact person	1	Daytime telephone numl	ber Fax number				Email address			
art II	Transactions for the	Month								
			Net C	Gallons (atta	ach addi	itional s	schedule(s) if nee	eded)		
			·				riod on Schedules A and B, then complete			
			PC:	(a)	PC:	(b)	(c)	( <b>d)</b> PC:		
Sche recei add t	Il receipts. Enter the tot edule(s) A, column (g), by ipts from more than one the amounts from each d enter the combined to	/ PC. If you have facility for a PC, facility's Schedule	-							
from have PC, y facili	Il deliveries. Enter the to Schedule(s) B, column deliveries to more than you must add the amou ty's Schedule B and ent by PC.	(g), by PC. If you one facility for a nts from each								
	ies of perjury, I declare that nd belief, it is true, correct,		eturn, ir	ncluding accon	npanying s	schedule	s and statements, ar	nd to the best of my		
	ignature ▶Ti		Ha if ar	nlicable 🕨			,	Date ►		

orm 720-CS (Rev. 9-2010)					Corrected Vo	oid Page <b>2</b>	
arrier name as shown on Form 720-C	S	EIN	Form 637 registrat	ion number	For the month ending (enter MM/DD/YYYY)		
Schedule A Carrier Re	ceipts						
acility name. Complete a separate So	hedule A for each facility.				Facility control number		
			Page		of		
	ter the PC (see instructions). A		For more than one Schedule A, for each different PC, number each For example, 1 of 4, 2 of 4, etc.				
2 Enter in the columns b	elow the information req	uested for the PC on	line 1 above.				
(a) Consignor EIN	<b>(b)</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	<b>(g)</b> Net gallons	
the last page of Schedule	A for that PC. Do not enter page	age subtotals. Enter the a	e page for a PC, add the amounts famount from column (g) on Form 7:	20-CS, Part II, line 1	, in the column for	3	

orm 720-CS (Rev. 9-2010)					Corrected Vo	oid Page <b>3</b>	
arrier name as shown on Form 720	-CS	EIN	Form 637 registration	Form 637 registration number		For the month ending (enter MM/DD/YYYY)	
Schedule B Carrier D	eliveries						
acility name. Complete a separate s	Schedule B for each facility.				Facility control number	•	
required for each PC .	nter the PC (see instructions). A		For example, 1 o	e Schedule B, for ea	of ach different PC, nur	mber each sheet.	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	
Consignor EIN	Consignor name	Mode code	Vessel official number (required when mode code is B, S, IB, IS, EB, or ES)	Document date	Document number	Net gallons	
 <b>3 Total.</b> Add amounts in o	column (a) and enter the total. I	f there is more than one	page for a PC, add the amounts from	om each page and e	enter the result		
	dule B for that PC. Do not ente	r page subtotals. Enter t	he amount from column (g) on Form	n 720-CS, Part II, Iir	ne 2, in the	3	