

Carrier Summary Report

For the month ending _____, 20__ .

Corrected Void

Part I **Carrier**

| | |
|--------------|--------------------------------------|
| Company name | Employer Identification Number (EIN) |
|--------------|--------------------------------------|

Address (number, street, room or suite 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 () | E-mail address |
|----------------|-------------------------------------|-----------------------|----------------|

Part II **Transactions for the Month**

| | | | | |
|---|---|-----|-----|-----|
| <div style="font-size: 2em; opacity: 0.5;">Net Gallons</div> | 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 page 5 of the instructions for the product codes. | | | |
| | (a) | (b) | (c) | (d) |
| | PC: | PC: | PC: | PC: |
| 1 Total carrier receipts. Enter the total of net gallons from Schedule(s) A by product code. | | | | |
| 2 Total carrier deliveries. Enter the total of net gallons from Schedule(s) B by product code. | | | | |

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

Signature ► _____ Title, if applicable ► _____ Date ► _____

(Please type or print your name below signature.)

Carrier name as shown on Form 720-CS

EIN

For the month ending (enter MM/DD/YYYY)

Schedule A Carrier Receipts From a Terminal

Product code. Enter in the columns below the information requested for the specified product code. Use additional schedule(s) for each product code.

See page 5 in the instructions for product codes. ▶ _____

| (a) Consignor EIN | (b) Consignor name | (c) Mode of transport | (d) Origin terminal TCN | (e) Document date | (f) Document number | (g) Net gallons |
|-------------------------|--------------------------|-----------------------------|-------------------------------|-------------------------|---------------------------|-----------------------|
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Total. Add amounts in column (g) and enter the total. Also, enter on Form 720-CS, line 1, in the column for the applicable product code. ▶

Carrier name as shown on Form 720-CS

EIN

For the month ending (enter MM/DD/YYYY)

Schedule B Carrier Deliveries to a Terminal

Product code. Enter in the columns below the information requested for the specified product code. Use additional schedule(s) for each product code.

See page 5 in the instructions for product codes. ▶ _____

| (a) Consignor EIN | (b) Consignor name | (c) Mode of transport | (d) Destination terminal TCN | (e) Document date | (f) Document number | (g) Net gallons |
|-------------------------|--------------------------|-----------------------------|------------------------------------|-------------------------|---------------------------|-----------------------|
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Total. Add amounts in column (g) and enter the total. Also, enter on Form 720-CS, line 2, in the column for the applicable product code. ▶

