Void

| Part I Carrier |  |
| :--- | :---: |
| Company name | Employer Identification Number (EIN) <br>  <br> Address (number, street, room or suite number) <br>  |

City, state, and ZIP code (Foreign addresses, include province and postal code as appropriate. Do not abbreviate country name.)

| Contact person | Daytime telephone number <br> $\left(\begin{array}{ll}\text { ( }\end{array}\right.$ | FAX number <br> $\left(\begin{array}{ll}(1)\end{array}\right.$ | Email address |
| :--- | :--- | :--- | :--- |

Part II Transactions for the Month
,

|  | (a) | $\text { PC: }{ }^{\text {(b) }}$ | $\text { PC: }{ }^{\text {(c) }}$ | $P C:^{\text {(d) }}$ |
| :---: | :---: | :---: | :---: | :---: |
| 1 Total carrier receipts. Enter the total net gallons from Schedule(s) A, column (f), by product code. If you have receipts from more than one terminal for a product code, you must add the amounts from each terminal's Schedule A and enter the combined total by product code here. |  |  |  |  |
| 2 Total carrier deliveries. Enter the total net gallons from Schedule(s) B, column (f), by product code. If you have deliveries to more than one terminal for a product code, you must add the amounts from each terminal's Schedule B and enter the combined total by product code here. |  |  |  |  |

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.
$\qquad$
Type or print your name below signature.

| Form 720-CS (Rev. 1-2004) |  |  | $\square$ corrected $\bigsqcup$ Void | Page 2 |
| :---: | :---: | :---: | :---: | :---: |
| Carrier name as shown on Form 720-CS | EIN | Form 637 Registration Number | For the month ending (en |  |

## Schedule A Carrier Receipts From a Terminal

Terminal name. Complete a separate Schedule A for each terminal.

## 1 Product code (PC). Enter the product code from page 6 of the

 instructions. A separate schedule is required for each PC2 Enter in the columns below the information requested for the PC on line 1 above.

| (a) <br> Consignor EIN | (b) <br> Consignor name | (c) <br> Mode of transportation | (d) <br> Document date | (e) <br> Document number |  | (f) Net gallons |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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| 3 Total. Add all amounts in column (f) for each different PC. 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. Also, include the amount from column (f) on Form $720-C S$, line 1 , in the column for the applicable PC |  |  |  |  | 3 |  |


| Form 720-CS (Rev. 1-2004) |  |  | Corrected $\square$ Void | Page 3 |
| :---: | :---: | :---: | :---: | :---: |
| Carier name as shown on Form 720-CS | EIN | Form 637 Registration Number | For the month ending (enter MM/DD/YYYY) |  |

## Schedule B Canrier Deliveries to a Terminal

Terminal name. Complete a separate Schedule B for each terminal.

## TCN of termina

| 1 Product code (PC). Enter the product code from page 6 of the |
| :--- | :--- |
| instructions. A separate schedule is required for each PC |$\quad \mathbf{1}$

## Page

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) <br> Consignor EIN | (b) <br> Consignor name | (c) <br> Mode of transportation | (d) <br> Document date | (e) <br> Document number |  | (f) <br> Net gallons |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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| I. Add all am on the last p for the app | each differe hat PC̣. Do n | more than one pa totals. Also, includ | PC, add the mount from | page and 20-CS, line 2 | 3 |  |

