Motor Vehicle Fuel License Tax Form

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | <u>www.ci.sisters.or.us</u>



(As Required Under Sisters Municipal Code Section 3.20)

eporting Month & Year						
ame of Reporting Station			Location (address)			
you have a computer p			it may be substituted the calculations for pay		aching it to the form a	
Pump #	Gas	Diesel	Beginning Reading	Ending Reading	Total Gallons Sold	
TOTAL						
LCULATION:						
1. TOTAL ALL GALL	ONS					
2. Fuel tax (line 1 x a. DEDUC (5% of l	(
3. TOTAL TAX DUE	\$					
PENALTIES AND IN	ITEREST:					
			^h)			
-	•	•	of last business day of	-		
TOTAL TAX, PENA	LTY AND INTEREST	(LINE 3 + 4 + 5)			\$	

		I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE CORRECT AND TRUE.						
EALER SIGNATURE		DATE						
	MAKE CHECKS PAY	'ABLE TO:						
	CITY OF SISTERS P SISTERS, OR S							
eport and tax are due and pa	yable on or before the 25th day of th	e month for prior month's collecti	ons.					