O

**IMPORTANT NOTICE:** 

You must obtain prior approval to submit your own schedules.



## TERMINAL OPERATOR'S SCHEDULE OF RECEIPTS

WEST VIRGINIA STATE TAX DEPARTMENT Tax Account Administration Division P O BOX 2991

Charleston, WV 25330-2991

(304) 558-8623; (304) 558-8624; (304) 558-8625; (304) 558-8626

OU MUST COMPLETE		JLES FOR E	ACH PRODUCT TYPE A		₹				
FEIN	NAME			TERMINAL CONTROL NUMBER	sc	HEDULE 2A	MONTH/YEAR		
PRODUCT INFORMATION (CHECK APPLICABLE BOX)					MODE OF TRANSPORTATION				
150 – #1 Fuel Oil	□ 228 – Diese	el – Dyed	□ 054 – Propane		J – Truc	J – Truck			
125 - Aviation Gasoline	□ 160 – Diese	el – Undyed	□ 224 – Compressed	R – Rail					
130 – Aviation Jet Fuel			<ul> <li>225 – Liquefied Na</li> </ul>	B – Barge					
□ 122 – Blending Components □ 072 – Kerosene – Dyed			Other – Product Ty	ST – Stationary Transfer					
124 – Gasohol		sene – Undyed	ed Product Code		BA – Book Adjustment				
065 – Gasoline									
			PRODUCT RECEIPT	T INFORMATION					
(1) Carrier/Motor Fuel Transporter Name	(2) Carrier/Motor Fuel Transporter FEIN	(3) Mode	(4) Position Holder Name	(5) Position Holder FEIN	(6) Date Received	(7) Bill of Lading Number	(8) Gross Gallons	(9) NET GALLON	
						1			

TOTAL THIS PAGE

**TOTAL ALL PAGES** 

Transfer Net Gallons to Line 2 of report

## **INSTRUCTIONS**

This schedule provides detail in support of the receipts amount(s) shown on your monthly West Virginia Terminal Operator's Report (WV/GAS-503). Upon prior approval, you may submit a schedule summarizing your receipts schedules, which must be formatted the same as the West Virginia Terminal Operator's Schedule of Receipts (WV/GAS-503A). If you choose to submit summary schedules, you must still submit the schedules of individual receipts.

## Complete Separate Schedules for Each Product Type and Group Position Holders Together.

FEIN/SSN Enter your Federal Employment Identification Number (FEIN.

Name Enter your Name.

Terminal Control Number Enter the Terminal Control Number assigned by the IRS.

Report Month/Year Enter the Month and Year you are reporting.

Product Information Check the applicable box for the product type accounted for on this schedule.

Carrier/Motor Fuel Transporter Name Enter the Name of the person that transported the product.

Carrier/Motor Fuel Transporter FEIN Enter the FEIN of the person that transported the product.

Mode Enter the mode of transport used to move the product.

Use J – Truck; R – Rail; B – Barge; ST – Stationary Transfer; BA – Book Adjustment

Position Holder Name Enter the Name of the person that owns the product as shown on your terminal records.

Position Holder FEIN Enter the FEIN of the position holder that owns the product as shown on your terminal records.

Date Received Enter the date (Month, Day, Year) the product was received.

Document Number Enter the Terminal Manifest Number (bill of lading) or Barge Ticket Number.

Gross Gallons Enter the Gross Gallons received.

Net Gallons Enter the Net Gallons received.

Total This Page Enter the Total of Column 9 for this page of the report.

Total All Pages Enter the Grand Total of Column 9 for all pages of this report.