

Terminal Operator Report

(March 2001)
Department of the Treasury
Internal Revenue Service

For the month ending _____, 20__ .

Corrected Void

Part I Terminal Operator

| | | | |
|--|-------------------------------------|-----------------------|--------------------------------------|
| Company name | | | Employer Identification Number (EIN) |
| Address (number, street, room or suite number) | | | Form 637 Registration Number |
| City, state, and ZIP code | | | |
| Contact person | Daytime telephone number () () | Fax number () () | E-mail address |

Part II Terminal

| | |
|-------------------|-------------------------------|
| Name of terminal | Terminal Control Number (TCN) |
| Terminal location | |

Part III Transactions for the Month

| | Net Gallons (attach additional schedule(s) if needed) | | | |
|---|---|-----|-----|-----|
| | (a) | (b) | (c) | (d) |
| | PC: | PC: | PC: | PC: |
| 1 Beginning inventory. | | | | |
| 2 Total receipts. Enter amounts from Schedule A. | | | | |
| 3 Total gallons available. Add lines 1 and 2. | | | | |
| 4 Total disbursements. Enter amounts from Schedule B. | | | | |
| 5 Subtract line 4 from line 3. | | | | |
| 6 Stock gains and losses. Show losses in (parentheses). | | | | |
| 7 Actual physical ending inventory at terminal. | | | | |

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.)

