



**Maine Revenue Services
Gasoline Distributor
Annual Shrinkage Allowance Computation**



1112200

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Registration No.

Period Begin

Period End

Due Date

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1. Entity Information

- 2. **OUT OF BUSINESS?** Date closed:
- 3. **OWNERSHIP OR NAME CHANGE?** Date
Explanation
- 4. **SOLD?** Date
- 5. *Check here if this is an AMENDED return*

ADDRESS CHANGE? Make corrections above and check here

Do Not Use Red Ink!

Schedules A and B must be completed first

Total Receipts (Total of Column 2 from Sch. A)		x .005	1a.	
Total Transfers (Total of Column 4 from Sch.B)		x .005	2a.	
Total Allowable Shrinkage	Total Lines 1a + 2a		3.	
Actual Net Shrinkage (Total of Column 7 from Sch A)			4.	
Unaccounted Fuel If line 5 is zero or less than zero, enter zero.	Line 4 minus Line 3		5.	
Additional Excise Tax Due	Line 5 x \$.300		6.	

Make check or money order payable to the STATE TREASURER and send your remittance with your return postmarked by the due date printed on the top of the return to **MAINE REVENUE SERVICE, P.O. BOX 1065, AUGUSTA, ME 04332-1065**. Please record your registration number on your check. Failure to file a return on or before the due date will result in interest and penalty charges. Billings will be issued shortly after the processing of your return. **This form must be filed even if no additional tax is due.**

Signature/Title	Print Name	Date	Phone #

**Gasoline Distributor Annual Shrinkage Allowance
Schedule A**



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Company Name	Registration No.	FEIN	Year
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	Beginning Inventory (1)	Receipts Gasoline (2)	Total Available Gallons (3) <small>(Col 1 plus Col 2)</small>	Ending Inventory (4)	Total Accountable Gallons (5) <small>(Col 3 minus Col 4)</small>	Total Gallons Sold/Used (6)	Gain (Shrinkage) (7) <small>(Col 5 minus Col 6)</small>
1.	January						
2.	February						
3.	March						
4.	April						
5.	May						
6.	June						
7.	July						
8.	August						
9.	September						
10.	October						
11.	November						
12.	December						

13. Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total Receipts (to Line 1)	Total Available	Total Accountable	Total Sold/Used	Actual Net Shrinkage (to line 4)	

**Gasoline Distributor Annual Shrinkage Allowance
Schedule B**



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Company Name	Registration No.	FEIN	Year
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	<i>Transfers between</i>	Vessels	Tank Cars	Full Tank Truck	Total Transfers
		(1)	(2)	(3)	(4) <small>(Add col 1,2 and 3)</small>
1.	<i>January</i>				
2.	<i>February</i>				
3.	<i>March</i>				
4.	<i>April</i>				
5.	<i>May</i>				
6.	<i>June</i>				
7.	<i>July</i>				
8.	<i>August</i>				
9.	<i>September</i>				
10.	<i>October</i>				
11.	<i>November</i>				
12.	<i>December</i>				

13. **Total Transfers**

**Total Transfers
(to Line 2)**