



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



1112200

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Registration No.	Period Begin	Period End	Due Date

1. Entity Information

- 2. **OUT OF BUSINESS?** Date closed: _____
- 3. **OWNERSHIP OR NAME CHANGE?** Date _____
Explanation _____
- 4. **SOLD?** Date _____

ADDRESS CHANGE? Make corrections above and check here

Do Not Use Red Ink!

Schedules A and B on reverse side must be completed.

Total Receipts (Total of Column 2 from Sch. A)	1.	_____, _____, _____	x .005	1a.	_____, _____, _____
Total Transfers (Total of Column 4 from Sch.B)	2.	_____, _____, _____	x .005	2a.	_____, _____, _____
Shrinkage per Receipts and Transfers		Total Lines 1a + 2a		3.	_____, _____, _____
Maximum Shrinkage Allowance		Line 1 x .01		4.	_____, _____, _____
Total Allowable Shrinkage		Enter lesser of Line 3 or Line 4		5.	_____, _____, _____
Actual Net Shrinkage (Total of Column 7 from Sch. A)		Cannot be less than zero		6.	_____, _____, _____
Unaccounted Fuel If line 7 is zero or less than zero, enter zero, sign the return and mail to Maine Revenue Service.		Line 6 minus Line 5		7.	_____, _____, _____
Additional Excise Tax Due		Line 7 x \$.300		8.	_____, _____, _____ . _____

Please mail to: Maine Revenue Service, P.O. Box 1065, Augusta, ME 04332-1065

_____ Signature/Title	_____ Print Name	_____ Date	_____ Phone #
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**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 Undyed Fuel (2)	Total Available Gallons (3)	Ending Inventory (4)	Total Accountable Gallons (5)	Total Gallons Sold/Used (6)	Gain (Shrinkage) (7)
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(Col 1 plus Col 2)

(Col 3 minus Col 4)

(Col 5 minus Col 6)

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**

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Total Receipts **Total Available**
(to Line 1)

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Total Accountable **Total Sold/Used** (to Line 6)

**Gasoline Distributor Annual Shrinkage Allowance
Schedule B**



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Company Name		Registration No.	FEIN	Year
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Transfers between	Vessels	Tank Cars	Full Tank Truck	Total Transfers
	(1)	(2)	(3)	(4)

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 Transfers (forward total to line 2 of Shrinkage Return)

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Total Transfers
(to Line 2)