



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

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) 1.

x .005 1a.

Total Transfers

(Total of Column 4 from Sch.B) 2.

x .005 2a.

Total Allowable Shrinkage

Total Lines 1a + 2a

3.

Actual Net Shrinkage

(Total of Column 7 from Sch A)

4.

Unaccounted Fuel

Line 4 minus Line 3

5.

If line 5 is zero or less than zero, enter zero.

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



Company Name	Registration No.	FEIN	Year
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		Beginning Inventory (1)	Receipts Gasoline (2)	Total Available Gallons (3) (Col 1 plus Col 2)	Ending Inventory (4)	Total Accountable Gallons (5) (Col 3 minus Col 4)	Total Gallons Sold/Used (6)	Gain (Shrinkage) (7) (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					
		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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* 1 6 1 2 2 0 2 *

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.	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

Total Transfers
(to Line 2)