



Maine Revenue Services
Special Fuel Supplier
Annual Shrinkage Allowance Computation



2412300

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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 .0025 1a.

Total Receipts - Propane
(Total of Column 2 from Sch. C) 2.

x.01 2a

Total Transfers
(Total of Column 4 from Sch.B) 3.

x .0025 3a.

Total Allowable Shrinkage

Total Lines 1a + 2a +3a

4.

Actual Net Shrinkage
(Total of column 7 from Sch. A)

5.

Unaccounted Fuel

Line 5 minus Line 4

6.

If line 5 is less than zero, enter zero.

Additional Excise Tax Due

Line 6 x \$.312

7.

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 #

Special Fuel Supplier Annual Shrinkage Allowance Schedule A



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Company Name

Registration No.

FEIN

Year

		Beginning Inventory (1)	Receipts Undyed Fuel (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)

**Special Fuel Supplier 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) (Add col 1,2 and 3)
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)

Special Fuel Retailer Annual Shrinkage Allowance - Propane Only
Schedule C



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* 1 6 1 2 3 0 3 *

Company Name	Registration No.	FEIN	Year
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		Beginning Inventory <small>Retail Tank Only</small> (1)	Receipts Propane (2)	Total Available Gallons (3) <small>(Col 1 plus Col 2)</small>	Ending Inventory <small>Retail Tank Only</small> (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					
		Total Receipts (to Line 1)	Total Available	Total Accountable	Total Sold/Used	Actual Net Shrinkage (to line 3)