

State of New Jersey  
**MOTOR FUEL JOBBERS REPORT**

For the Month of \_\_\_\_\_ Year \_\_\_\_\_

**SUBMIT FORM IN DUPLICATE** THIS FORM TO BE USED BY LICENSED NJ GASOLINE JOBBERS **THIS FORM MAY BE REPRODUCED**

License Number	Federal Identification Number	<b>Tax remittance due with report:</b> Make check payable to: "State of New Jersey – "MFT" and mail with report to: Division of Taxation, Motor Fuels, PO Box 243, Trenton NJ 08646-0243.  <b>Due Date:</b> Must be received on or before the 20 <sup>th</sup> of the month following the report month. All gallon figures are to round to the nearest gallon. Please show all figures as positives (No Negatives).
Licensee Name		
Mailing Address		

	Inventories & Receipts	Gallons		Distribution	Gallons
1	Opening Inventory – Gasoline (Including Gallons in transit)		10	Gasoline Sold Delivered Tax Collected (attach Sch. 6 if delivered to licensees)	
2	Gasoline Received Tax Paid (attach Schedule 1)		11	Gasoline Sold Delivered to Licensed Distributors & Jobbers Tax Not Collected (attach Schedule 7)	
3	Gasoline Received from License Holder Tax Unpaid (attach Schedule 2)		12	Gasoline Exported to Other States (Attach Schedule 8)	
4	Gasoline Imported from Another State Delivered Direct to Customers (Attach Schedule 3)		13	Gasoline Delivered to Government Agencies Tax Exempt (Attach Schedule 9)	
5	Gasoline Imported from Another State Delivered into Tax Free Storage (Attach Schedule 4)		14	Other Non-taxable Distribution (Attach Schedule 10)	
6	Other Receipts (Schedule 5)		15	Gain or Loss (Check One) <input type="checkbox"/> G <input type="checkbox"/> L	
7	Total Gallons Handled (Add Lines 1 through 6)		16	Gallons Accounted for: (Total Lines 10 through 15)	
8	LESS: Closing Inventory (Including gallons in Transit)				
9	Gallons to be Accounted for: (Subtract Line 8 from Line 7)				

Tax Computation		(A) Gasoline	(B)
		Gallons at 10.5¢	Amount (A) X .105
17	Total Taxable Distribution at Appropriate Rate Per Gallon		
18	Less Tax Paid Purchases (Schedule 1)		
19	Less Dealer Sales to Governmental Agencies (Form 6060 Attached) (Schedule 9)		
20	Less Refundable Uses		
21	Total (Line 17 Less Lines 18, 19 and 20)		
22	Add Adjustment of Previous Month's Report (Schedule GA-1C)		
23	Less Adjustment of Previous Month's Report (Schedule GA-1C)		
24	Total Tax – Gasoline (Line 21 plus Line 22 minus 23)		
25	ADD: Airport Safety Tax (From Schedule GA-IV)		
26	ADD: Penalty and Interest		
27	Less: Total Credit from Previous Month		
28	Less: Total Amount Paid with Estimated Return or by Electronic Funds Transfer		
29	<b>BALANCE DUE:</b> (If Total of Lines 24, 25, and 26 is <b>GREATER</b> than total of Lines 27 and 28) Enter Amount Here. →		
30	<b>OVER PAYMENT:</b> (If the Total of Lines 24, 25, and 26 is <b>LESS</b> than total of Lines 27 and 28) <b>AMOUNT TO BE CREDITED</b> →		↑ Pay this Amount ↑

**SIGNATURE AND VERIFICATION**

I declare under the penalties provided by law, that this return (including any accompanying schedules and statements) have been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

\_\_\_\_\_  
 (Date) (Signature of Duly Authorized Officer of Taxpayer) (Title)

\_\_\_\_\_  
 (Date) (Signature of Individual Preparing Return) (Address) (Phone #) (Preparers ID #)