

Division use only — DLN Stamp

Division use only — Date Stamp



# State of New Jersey

Attach to Form RMF-10

Period	
<i>mm</i>	<i>yyyy</i>

Pursuant to NJSA 54:39-101 et seq  
01-2011

Use more than one Schedule if needed

<b>RMF414</b>	<b>Schedule of Tax Paid Purchases</b>
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Taxpayer Name

Taxpayer ID Number

Line	Date	Seller	Document #	Gallons
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1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Total Gallons

Tax Rate

**X 2¢**

Total Tax Paid on Purchases

*Multiply Total Gallons by 0.02*

*Enter this amount on RMF-10, Line 14*