



Iowa Department of Transportation
 Form 020077 (08-06)
 Office of Motor Carrier Services
 Park Fair Mall, 100 Euclid Avenue
 P.O. Box 10382
 Des Moines, IA 50306-0382

IOWA PUBLIC TRANSIT SYSTEM QUARTERLY FUEL TAX REPORT

For DOT Use Only
Check #: _____
Amount: _____
Date: _____

(Must be filed within 30 calendar days of the end of the quarter to avoid penalty)
(Instructions on second page of form) (For further information call (515) 237-3224)

Transit System Name: _____ Region No. (If regional system): _____

Address: _____ City: _____

Quarter Ending: _____ Is the system exempt from sales tax? Yes No

	Gasohol (E10) \$0.19/gal.	\$0.17/gal. E85 (85% Ethanol)	Vehicle Motor Fuels \$0.21/gal.	Diesel \$0.225/gal.	Natural Gas \$0.20/100 cf
1. Tax paid gallons					
2. Tax-free gallons purchased and pumped into vehicles <i>(See instructions for details)</i>					
3. Gallons pumped on-site. Support with meter readings if available.	6	6	6	6	6
Beginning meter reading	5	5	5	5	5
Ending meter reading	10	10	10	10	10
4. Total gallons purchased / used <i>(Total of lines 1, 2, & 3.)</i>	6	6	6	6	6
5. Gallons used for exempt purposes	5	5	5	5	5
6. Taxable gallons <i>(Line 4 - Line 5)</i>	1	1	1	1	1
7. Tax due for each fuel type <i>(Line 6 amounts x tax rate)</i>	\$0.19	\$0.17	\$0.21	\$0.23	\$0.20
8. Tax paid at pumps for each fuel type <i>(Line 1 amounts x tax rate)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Number of months report is late <i>(if applicable)</i> <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div>	9. Total fuel tax due <i>(Total of entries in Line 7)</i>				\$1.00
	10. Total fuel tax paid <i>(Total of entries in Line 8)</i>				\$0.00
	11. Overpayment <i>(If Line 10 is greater than Line 9)</i>				
	12. Tax due <i>(If Line 9 is greater than Line 10)</i>				\$1.00
	13. Penalty <i>(7.5% of tax due, if report is late)</i>				
	14. Interest <i>(0.9% per month late. See instructions)</i>				
	15. Payment due <i>(Add Lines 12, 13, and 14)</i>				\$1.00
	16. Total cost of all tax exempt fuels used				\$4.98

I certify under penalties that this report is true, correct, and complete to the best of my knowledge.

Signature: _____ Date: _____

Title: _____ Telephone No.: _____

(Area Code)

QUARTERLY FUEL TAX FORM INSTRUCTIONS

Line 1 Enter the number of gallons purchased for which tax was paid at the time of purchase.

Line 2 Enter the number of gallons purchased and pumped directly into vehicles without paying the tax at the time of purchase. Note: This line is not to be used for fuel pumped from tanks owned by the transit system or the organization operating the transit system.

Line 3 Enter the number of gallons pumped from fuel tanks owned by the transit system or the organization operating the transit system. The meter readings required are those on the pump which track total fuel pumped through that pump, not the individual readings resulting from a single transaction. If meter readings are not available, necessary documentation to support the supplied figures must be available.

Line 4 Enter the total amount of fuel purchased or used in vehicles during the quarter. Note: This form does not ask for the total amount of purchases made to fill the on-site tanks during the quarter.

Line 5 Enter the number of gallons used for tax-exempt public transit purposes.

Line 6 Subtract Line 5 from Line 4 to give the number of gallons on which tax must be paid. Fuel used for charter and other incidental services are taxable.

Line 7 Multiply each entry on Line 6 by the appropriate fuel tax rate to give the amount of tax due for each type of fuel.

Line 8 Multiply the entries on Line 1 by the appropriate fuel tax rate to give the amount of tax due for each type of fuel.

Line 9 Total the entries on Line 7 to give the total amount of fuel tax due.

Line 10 Total the entries on Line 8 to give the total amount of fuel tax paid.

Line 11 If more tax was paid than is due, enter the overpayment.

Line 12 If more tax is due than was paid, enter the additional tax due.

Line 13 If your report is late and you owe additional tax, enter 7.5% of the additional tax due.

Line 14 If your report is late and you owe additional tax, multiply the number of months the report is late by .9% and multiply that result by the additional tax due. Enter the resulting figure on this line.

Example: Tax due is \$100 and the report is 2 months late.

$2 \times .009 = .018 \times \$100 = \$1.80$ penalty

Line 15 Total the additional tax due, the penalty, and the interest and enter that amount on this line.

Line 16 Enter the total cost of all exempt fuels used. This is the cost of the fuels used for exempt purposes as entered on Line 5.

Motor Vehicle Fuel: This column includes gasoline, ethanol, LP gasoline, or any other special fuel.

(If any of these lines do not apply to you, put in a zero.)

The form submitted to Motor Carrier Services must contain an original signature.

**Mail completed form to: Office of Motor Carrier Services
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P.O. Box 10382
Des Moines, IA
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