

Reference Number
Due Date February 20, 2017

Gasoline and Diesel Fuel Inventory Report

Issued under authority of P.A. 403 of 2000, as amended. Filing is mandatory.

PART 1: TAXPAYER INFORMATION		
Company Name		FEIN
Address (Number, Street, City, State, ZIP Code)		Contact Person
Telephone Number	Fax Number	E-mail Address

If you did not have gasoline or undyed diesel fuel inventory on December 31, 2016, check this box, sign below and return to the address at the bottom of this form.

PART 2: TAX CALCULATION	
INVENTORY REPORT - UNDYED DIESEL FUEL	
1. Gallons of undyed diesel product(s) in storage or held for sale as of December 31, 2016	
2. Gallons in Dead Storage (only for diesel fuel held by retailers or held for sale). Enter the sum of: (200 x the number of storage tanks with a capacity less than 10,000 gallons) + (400 x the number of storage tanks with a capacity of 10,000 gallons or more). If you are an end user, enter 0.	
3. Taxable gallons: Subtract line 2 from line 1. If less than zero, enter 0	
4. Inventory Tax: Multiply line 3 by 0.113	
Number of Diesel Storage Tanks	
Total Diesel Storage Capacity	

INVENTORY REPORT - GASOLINE	
5. Gallons of gasoline product(s) in storage or held for sale as of December 31, 2016	
6. Gallons in Dead Storage (only for gasoline held by retailers or held for sale). Enter the sum of: (200 x the number of storage tanks with a capacity less than 10,000 gallons) + (400 x the number of storage tanks with a capacity of 10,000 gallons or more). If you are an end user, enter 0.	
7. Taxable gallons: Subtract line 6 from line 5. If less than zero, enter 0	
8. Inventory Tax: Multiply line 7 by 0.073	
Number of Gasoline Storage Tanks	
Total Gasoline Storage Capacity	
TOTAL TAX DUE: Add lines 4 and 8. Make check payable to "State of Michigan-Motor Fuel." Mail to the address indicated below. Write your account number on the front of your check.	

PART 3: CERTIFICATION		
<input type="checkbox"/> Checking the box above authorizes Treasury to discuss this return and attachments with the preparer.		
Preparer's Signature		Date
Preparer's Printed Name	FEIN	Telephone Number
Preparer's Address (Number, Street, City, State, ZIP Code)		
Authorized Signature		Date
Printed Name	Title	Telephone Number

Return this completed form by the due date to:

Michigan Department of Treasury, Discovery & Tax Enforcement Division, PO Box 30140, Lansing MI 48909