720-T0

(Rev. January 2004) Department of the Treasury

Terminal Operator Report

OMB No. 1545-1734

Corrected Void For the month ending , 20 Internal Revenue Service **Terminal Operator** Part I **Employer Identification Number (EIN)** Company name Address (number, street, room or suite number) Form 637 Registration Number City, state, and ZIP code Contact person Daytime telephone number Email address Fax number Part II Terminal Name of terminal **Terminal Control Number (TCN)** Terminal location Part III Transactions for the Month Net Gallons (attach additional schedule(s) if needed) Enter the transactions for the period on Schedules A and B, then complete lines 1 through 7 for each product code (PC). See page 6 of the instructions for the product codes. (a) (b) (c) (d) PC: PC: PC: PC: Beginning inventory. Total receipts. Enter the total net gallons from Schedule(s) A, column (f), by product code. 3 Total gallons available. Add lines 1 and 2. Total disbursements. Enter the total net gallons from Schedule(s) B, column (e). If you have disbursements for more than one position holder for a product code, add the amounts from each position holder's Schedule B and enter the combined total by product code here. 5 Subtract line 4 from line 3. 6 Stock gains and losses. Show losses in (parentheses). Actual physical ending inventory at Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete. _____ Title, if applicable ▶ Type or print your name below signature.

| Form 720-TO (Rev. 1-2004) | | | Corrected | Corrected Void Page | | | |
|---|------------------------|----------------------------------|--|---|-----------------------------|--|--|
| Terminal operator name as shown on Form 720-TO | EIN | | TCN | For the month | n ending (enter MM/DD/YYYY) | | |
| Schedule A Terminal Operator Receipt | s | | | | | | |
| 1 Product code (PC). Enter the product codinstructions. A separate schedule is required | | | Page For more than one S example, 1 of 4, 2 of | of chedule A, for each different P 4, etc. | C, number each sheet. For | | |
| 2 Enter in the columns below the information | n requested for the PC | on line 1 above. | | | | | |
| (a) Carrier name | (b) Carrier EIN | (c) Mode of transportation | (d) Document date | (e) Document number | (f) Net gallons | | |
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| 3 Total . Add all amounts in column (f) for expanded and enter the result on the last page of column (f) on Form 720-TO, line 2, in the co | of Schedule A for that | PC. Do not enter pa | ge subtotals. Also, | include the amount from | | | |

| Form 720-TO (Rev. 1-2004) | | | | | Corrected | Void | Page 3 |
|---|-------------------------------|-------------------|--------------------------|-------------------|---|----------------|--------------------|
| Terminal operator name as shown on Form 720-TO | EIN | | TCN | | For the month e | nding (enter M | IM/DD/YYYY) |
| | | | | | | | |
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| Schedule B Terminal Operator Disbursemen | ts by Position Holder | T | | | | | |
| Position holder (PH) name. Enter one name per page. | PH EIN | | | Page | of | | |
| | | | | | than one Schedule B, for each different PC, DS, | | |
| | | | | or MT, number | each sheet. For | example, 1 c | of 4, 2 of 4, etc. |
| Complete lines 1 through 4 for each product code. 1 Product code (PC). Enter the product code from p | aga (of the instructions A | congrato cohodi | ula is required for each | . DC | | 1 | |
| 2 Destination state (DS). Enter the destination state | <u> </u> | _ • | <u> </u> | | autrad for | | |
| each PC by state. PC 167 destined for Virginia (VA) and | | | instructions. A separat | e scriedule is it | equired tot | 2 | |
| 3 Mode of transportation (MT). Enter the mode of | | | ns) for each product co | nde for each de | stination state | | |
| PC 167 destined for Virginia by truck and rail and destin | | | | | | | |
| (2) PC 167, VA, truck; (3) PC 167, MD, rail; and (4) PC 1 | 67, MD, truck | | ····· | | • | ▶ 3 | |
| Example. ABC Terminal is preparing Schedule B for | r disbursements made by po | osition holder XN | Z. XYZ disburses gas | soline (PC 065), | diesel fuel #2 | low sulphur | undyed |
| (PC 167), and jet fuel (PC 130) during the month des | tined for two states by truck | c. ABC must pre | pare six Schedules B | | | | |
| destination states). A further breakdown by mode of | transportation is not needed | d because only t | truck was used. | | | | |
| 4 Enter in the columns below the information requested | for the product code on lin | e 1 above. | | | | | |
| (a) | (b) | (c) | | d) | (e) | | _ (f) |
| Carrier | Carrier | Docume | | | Net | | Gross |
| name | EIN | date | num | nber | gallons | 5 | gallons |
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| 5 Totals. Add all amounts in columns (e) and (f) for | | | | | | | |
| destined for one state, or if a product is destined for tv one Schedule B for a PC, DS, or MT, add the amounts | vo states, then two Schedul | es B and totals | are required. If there | is more than | | | |
| each different PC, DS, or MT. Do not enter page subto | | | | | | | |
| line 4, in the column for the applicable PC | | | | ▶ | 5e | 5f | |