Carrier Summary Report

OMB	No.	1545-1733

	nent of the Treasury Revenue Service		For the mo	nth end	ding	, 20		☐ ☐ Cor	rected Uoid	
Par	t Carrier									
Compa	any name						Employer Identific	ation Num	ber (EIN)	
Address (number, street, room or suite number)							Form 637 Registration Number			
City, s	tate, and ZIP code (For	eign addresse	es, include province and	postal co	de as appropria	te. Do not abbrevi	ate country name.)			
Contac	ct person		Daytime telephone nur	mber	FAX number		Email address			
Par	Transact	ons for t	ne Month		()					
				Net	Gallons (a	attach addit	ional schedule	e(s) if ne	eeded)	
			com	Enter the transactions for the period on Schedules A and B, then complete lines 1 and 2 for each product code (PC). See page 6 of the instructions for the product codes.						
				PC:	(a)	(b) PC:	(c)		(d) PC:	
1 Total carrier receipts. Enter the total net gallons from Schedule(s) A, column (f), by product code. If you have receipts from more than one terminal for a product code, you must add the amounts from each terminal's Schedule A and enter the combined total by product code here.										
2 Total carrier deliveries. Enter the total net gallons from Schedule(s) B, column (f), by product code. If you have deliveries to more than one terminal for a product code, you must add the amounts from each terminal's Schedule B and enter the combined total by product code here.										
correct	t, and complete.		have examined this ret		. , ,		j	Ü		
Signa	ture >		Titl	le, if app	olicable 🕨 _			Date ►		
Туре	or print your name b	elow signati	ure.							

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Carrier name as shown on Form 72	20-CS	EIN		Form 637 Registration Number	r	For the month ending (
Schedule A Carrier R	eceipts From a Terminal			•			
Terminal name. Complete a separa						TCN of terminal	
	nter the product code from pa nedule is required for each PC		1	Page For more than one Sche sheet. For example, 1 of	of dule A, for e 4, 2 of 4, et	ach different PC, c.	number each
2 Enter in the columns below	ow the information requested	for the PC on line	1 above.				
(a) Consignor EIN	(b) Consignor name		(c) Mode of transportation	(d) Document date		(e) Jocument number	(f) Net gallons
2 Tabel 2 1/2 17	(0.6	1.50.16.11		6 80 11 "			
	in column (f) for each differe Schedule A for that PC. Do n PC						3

Form 720-CS (Rev. 1-2004)						Corrected Vo	oid Page 3
Carrier name as shown on Form 720-CS EIN		EIN		Form 637 Registration Number		For the month ending (enter MM/DD/YYYY)	
Schedule B Carrier	Deliveries to a Terminal					I	
Terminal name. Complete a sepa	arate Schedule B for each terminal.					TCN of terminal	
	Enter the product code from pachedule is required for each PC		1	PageFor more than one Sche sheet. For example, 1 of	of dule B, for e 4, 2 of 4, e	each different PC,	number each
2 Enter in the columns be	elow the information requested	for the PC on line	1 above.	·			
(a) (b) Consignor Consig EIN nam			(c) Mode of transportation	(d) Document date		(e) locument number	(f) Net gallons
	<u>. </u>						
	s in column (f) for each differe f Scheḍule B for tḥat PC. Do n PC						3