

Form MVF-3

Terminal Operator's Monthly Gasoline Activity Schedule

(Rev. 10/10)

Due Date: Taxpayers must file schedules for each calendar month with **Form O-MF, Motor Vehicle Fuels Tax Return.**

Name of terminal operator:	Terminal operator CT Tax Registration No.:	Month of:
Address of terminal operator:	Telephone number:	
Customer name:	Customer CT Tax Registration No.:	

Part 1 - Reconciliation

	Type of Gasoline by Gross Gallons			Total Gross Gallons
	Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
1. Opening physical inventory				1.
2. Receipts: Enter Total from Part 2.				2.
3. Subtotal: Add Lines 1 and 2.				3.
4. Disbursements: Enter Total from Part 3.				4.
5. Ending Inventory: Subtract Line 4 from Line 3.				5.
6. Physical inventory taken on last day of month.				6.
7. Loss or Gain: Subtract Line 6 from Line 5.				7.

Part 2 - Receipts

Date of Delivery	Method of Delivery	Name of Transporter or Vessel	Type of Gasoline by Gross Gallons			Total Gross Gallons
			Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
Page 2, Part 2 totals brought forward						
Total receipts - Transfer to Part 1, Line 2						

Part 3 - Disbursements

Method of Disbursement	Type of Gasoline by Gross Gallons			Total Gross Gallons
	Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
Disbursements by truck or tank wagon				
List other disbursement methods (barge, etc.)				
Page 3, Part 3 totals brought forward				
Total disbursements - Transfer to Part 1, Line 4				

Part 3 - Disbursements (Continued)

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Name of terminal operator: _____ Terminal operator CT Tax Registration No.: _____ Month of: _____

Address of terminal operator: _____ Telephone number: _____

Customer name: _____ Customer CT Tax Registration No.: _____

Disbursements	Type of Gasoline by Gross Gallons			Total Gross Gallons
	Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
List other disbursement methods (barge, etc.)				
Totals (Transfer to Page 1, Part 3)				

General Instructions

1. You must file **Form MVF-3** and your monthly **Form O-MF, Motor Vehicle Fuels Tax Return**, with the Commissioner of Revenue Services not later than the 25th day of the month following the calendar month being reported. **Example:** The Motor Vehicle Fuels Tax Return for January 1 through January 31 must be filed on or before February 25. **A return must be filed even if no tax is due.**
2. Enter in the spaces provided: Name of terminal operator, address of terminal operator, customer name, month, terminal operator's telephone number, and customer Connecticut Tax Registration Number.
3. Separate reports are required for each customer who stores or through-puts gasoline at your terminal. Additionally, you must file a separate report for your own activity at the terminal.
4. Mail to:

State of Connecticut
Department of Revenue Services
Excise Taxes Unit
25 Sigourney St Ste 2
Hartford CT 06106-5032

Specific Line Instructions

Part 1 - Reconciliation

- Line 1** List actual physical inventory on the first day of the month being reported.
- Line 2** Enter total receipts from Part 2.
- Line 3** Add Lines 1 and 2.
- Line 4** Enter total disbursements from Part 3.
- Line 5** Subtract Line 4 from Line 3.
- Line 6** List the actual physical inventory on the last day of the month for which a report is being filed.
- Line 7** Report the inventory variation on this line. Please note that losses in excess of .005% of total accountable-gallons must be documented and may be subject to tax under Conn. Gen. Stat. §12-457. Unaccounted for fuel for which a distributor has not submitted a satisfactory explanation will be construed to have been sold or used by the distributor.

Part 2 - Receipts

List all receipts of gasoline at the terminal by date including all book transfers.

Additional receipts must be listed on Page 2 with totals brought forward to Page 1.

If the product was transported by vessel, list the barge or ship name.

Part 3 - Disbursements

List all disbursements of gasoline from the terminal.

Additional disbursements must be listed on Page 3 with totals brought forward to Page 1.

If the product was transported by vessel, list the barge or ship name.

Additional Information

If you need additional information or assistance, call the Excise Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. to 4:30 p.m.

Visit the DRS website at www.ct.gov/DRS to download and print Connecticut tax forms.