STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO BOX 5031 HARTFORD CT 06102-5031 Instructions

RECEIPTS RECORD

Diesel Fuel / Propane / Natural Gas

Month of

Applicable Line Number on Form OP-216

•Use this schedule to prepare schedules for Lines 2, 3, 4 and 5 on Form OP-216, Diesel Name of Licensed Distributor Fuel / Propane / Natural Gas Tax Return. •Prepare a separate schedule for each line

as required.

Connecticut Tax Registration Number •Insert applicable line number in the spaces

provided on t	this schedule.						
					GALLONS		GALLONS
Date (1)	Name of Supp (2)	lier	Method of Delivery (3)	*Type of Fuel (4)	CT Tax Paid (5)	CT Tax Unpaid (6)	TOTAL (7)
TOTAL GALLONS (Transfer this total to appropriate line on Form OP-216)							

* Indicate type of fuel, i.e., diesel fuel, #2 fuel oil, propane, natural gas or kerosene blended with diesel fuel.