STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES PO BOX 5031 HARTFORD CT 06102-5031 DISTRIBUTION SCHEDULE DF-1B Month of Instructions Diesel Fuel / Propane / Natural Gas •Use this schedule to provide data for Lines 9, 10, 11, 16, and 22 on Form OP-216, Diesel Fuel / Propane / Natural Gas Tax Return. Applicable Line Number on Name of Licensed Distributor •Prepare a separate schedule for each line Form OP-216 as required. •Insert applicable line number in the spaces Connecticut Tax Registration Number provided on this schedule.

	Sold To (2)	Method of Delivery (3)	*Type of Fuel (4)	Point of		
Date (1)				Shipment (5)	Delivery (6)	Gallons (7)
OTAL GAL	LONS (Transfer this total to appro	priate 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.