STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

(REV. 02/00)

SCHEDULE MVF-1A

MOTOR VEHICLE FUELS TAX RECEIPTS SCHEDULE

Use this schedule to prepare Schedules 2, 3, 4, and 5 for Form O-MF1 52. **Prepare a separate schedule for each schedule required.** **Insert schedule number and title in the spaces provided.**	**The purpose of this schedule is to provide specific information on your purchases of motor vehicle fuels.**	**Month of**
	Name of Licensed Distributor	**Schedule Number**
	Connecticut Tax Registration Number	**Title of Schedule**

Date (1)	Name of Supplier (2)	Product Converted to Motor Fuel *(3)	Method of Delivery (4)	Point of Shipment (5)	Point of Delivery (6)	Whole Gallons Connecticut Taxes Paid (7)	Whole Gallons Connecticut Taxes Unpaid (8)
TOTAL GALLONS *(Transfer this total to appropriate line on **Form O-MF1 52,** Motor Vehicle Fuels Tax Return)*							

***Conversion of product to motor fuel refers to Straight Kerosene and Gasoline Additives.**