STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

(REV. 12/00)

MF-1B

Tax Paid Gasoline Distribution Schedule

INSTRUCTIONS Use this schedule to complete Line 16 on **Form O-MF1 51**, *Gasoline Tax Return*.	**The purpose of this schedule is to provide information on your taxable sales to licensed distributors.**	**Month of**
	Name of Licensed Distributor	**Schedule Number** **16**
	Connecticut Tax Registration Number	**Title of Schedule** **Taxable Sales to Licensed Distributors**

Date (1)	**Sold To** (2)	**Method of Delivery** (3)	**Point of**		**Whole Gallons** *(Round off to the nearest gallon)* (6)
			Shipment (4)	**Delivery** (5)	
TOTAL GALLONS (Transfer this total to Line 16 of **Form O-MF1 51,** *Gasoline Tax Return*)					