STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

(REV. 03/00)

SCHEDULE MF-3B

GASOHOL DISTRIBUTION SCHEDULE

Use this schedule to prepare Schedules 10, 11, 12, 13, 16A, and 22 for Form O-MF3. **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 sales of gasohol.**	**Month of**
	Name of Licensed Distributor	**Schedule Number**
	Connecticut Tax Registration Number	**Title of Schedule**

Date (1)	Sold To (2)	Method of Delivery (3)	Point of Shipment (4)	Point of Delivery (5)	Whole Gallons *(Round off to the nearest gallon)* (6)
TOTAL GALLONS *(Transfer this total to appropriate line of **Form O-MF3,** Gasohol Tax Return)*					

***Schedule 10 must be submitted in duplicate. Prepare a separate set for each state.**