## STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

## **SCHEDULE MF-1A**

(REV. 03/00)

## TAX PAID GASOLINE RECEIPTS SCHEDULE

Use this schedule to prepare Schedules 2, 3, 4, and 5 for Form O-MF1 51.		The purpose of this schedule is to provide specific information on your gasoline purchases.				Month of	
Prepare a separate schedule for each schedule required.		Name of Licensed Distributor				Schedule Number	
Insert schedule number and title in the spaces provided.		Connecticut Tax Registration Number			Title of Schedule		
				Point	of		Whole Gallons
Date (1)	Name of Sup (2)	Method of Delivery (3)		Shipment (4)	Delivery (5)		Connecticut Taxes Paid *(6)
TOTAL GALLONS							

<sup>\*</sup>Gallons reported in Column 6 must be deducted on Line 21 of Tax-Paid Purchases on Form O-MF1 51, Gasoline Tax Return.