

Form MVF-3

Terminal Operator's Monthly Gasoline Activity Schedule

(Rev. 09/01)

Due Date: Taxpayers must file schedules for each calendar month with **Form O-MF1 (52)**, *Motor Vehicle Fuels Tax Return*.

Name of Terminal Operator:	Terminal Operator CT Tax Registration No.:	Month of:
Address of Terminal Operator:	Telephone Number:	
Customer Name:	Customer CT Tax Registration No.:	

Part 1 - Reconciliation				
	Type of Gasoline by Gross Gallons			Total Gross Gallons
	Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
1. Opening physical inventory				1.
2. Receipts (Enter Total from Part 2)				2.
3. Subtotal (Add Lines 1 and 2)				3.
4. Disbursements (Enter Total from Part 3)				4.
5. Ending Inventory (Line 3 minus Line 4)				5.
6. Physical inventory (Last day of month)				6.
7. (Loss) or Gain (Line 5 minus Line 6)				7.

Part 2 - Receipts						
			Type of Gasoline by Gross Gallons			Total Gross Gallons
			Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
Date of Delivery	Method of Delivery	Name of Transporter or Vessel				
Page 2, Part 2 Totals brought forward						
Total Receipts - Transfer to Part 1, Line 2						

Part 3 - Disbursements				
	Type of Gasoline by Gross Gallons			Total Gross Gallons
	Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
Method of Disbursement				
Disbursements by truck or tank wagon				
List other disbursement methods (barge, etc.)				
Page 3, Part 3 Totals brought forward				
Total Disbursements - Transfer to Part 1, Line 4				

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**Part 2
Receipts (Continued)**

Name of Terminal Operator: _____

Terminal Operator CT Tax Registration No.: _____

Month of: _____

Address of Terminal Operator: _____

Telephone Number: _____

Customer Name: _____

Customer CT Tax Registration No.: _____

Receipts			Type of Gasoline by Gross Gallons			Total Gross Gallons
Date of Delivery	Method of Delivery	Name of Transporter or Vessel	Unleaded Regular	Unleaded Mid-Grade	Unleaded Premium	
Totals (Transfer to Page 1, Part 2)						

General Instructions

1. You must file **Form MVF-3** and your monthly **Form O-MF1 (52)**, *Motor Vehicle Fuels Tax Return*, with the Commissioner of Revenue Services not later than the 25th day of the month following the calendar month being reported. **Example:** The Motor Vehicle Fuels Tax Return for January 1 through January 31 must be filed on or before February 25. **A return must be filed even if no tax is due.**
2. Enter in the spaces provided: Name of Terminal Operator, Address of Terminal Operator, Customer Name, Month, Terminal Operator's Telephone Number, and Customer Connecticut Tax Registration Number.
3. Separate reports are required for each customer who stores or through-puts gasoline at your terminal. Additionally, you must file a separate report for your own activity at the terminal.
4. Mail to:

State of Connecticut
Department of Revenue Services
Excise/Public Services Taxes Subdivision
25 Sigourney Street
Hartford CT 06106-5032

Specific Line Instructions

Part 1 - Reconciliation

- Line 1** List actual physical inventory on the first day of the month being reported.
- Line 2** Enter Total Receipts from Part 2.
- Line 3** Add Lines 1 and 2.
- Line 4** Enter Total Disbursements from Part 3.
- Line 5** Subtract Line 4 from Line 3.
- Line 6** List the actual physical inventory on the last day of the month for which a report is being filed.
- Line 7** Report the inventory variation on this line. Please note that losses in excess of .005% of total accountable-gallons must be documented and may be subject to tax under Conn. Gen. Stat. § 12-457. Unaccounted for fuel for which a distributor has not submitted a satisfactory explanation will be construed to have been sold or used by the distributor.

Part 2 - Receipts

List all receipts of gasoline at the terminal by date, including all book transfers.

Additional receipts must be listed on Page 2, with totals brought forward to Page 1.

If the product was transported by vessel, list the barge or ship name.

Part 3 - Disbursements

List all disbursements of gasoline from the terminal.

Additional disbursements must be listed on Page 3, with totals brought forward to Page 1.

If the product was transported by vessel, list the barge or ship name.

For Further Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You may obtain forms and publications at any hour, seven days a week:

- **Internet:** Preview and download forms from the DRS Web site: **www.drs.state.ct.us**
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu;
- **Telephone:** Call **860-297-4753** (from anywhere), or **1-800-382-9463** (toll-free within Connecticut) and select **Option 2** from a touch-tone phone

TTY, TDD, and Text Telephone users only may transmit inquiries 24 hours a day by calling **860-297-4911**.