

**Receipts Record  
Schedule DF-1A  
Diesel Fuel / Propane / Natural Gas**

(Rev. 08/03)

Month of

Name of Licensed Distributor

Applicable Line Number on  
**Form OP-216**

Connecticut Tax Registration Number

**Instructions**

- Use this schedule to provide data for completing Lines 2, 3, 4 and 5 on **Form OP-216, Diesel Fuel / Propane / Natural Gas Tax Return.**
- Prepare a separate schedule for each line as required.
- Insert applicable line number in the space provided.
- Attach completed schedule to Form OP-216.

Date (1)	Name of Supplier (2)	Method of Delivery (3)	*Type of Fuel (4)	CT Tax Paid Gallons (5)	CT Tax Unpaid Gallons (6)	Total <i>(Round to nearest whole gallon)</i> (7)

**Total Gallons** (Transfer this total to the appropriate Line on **Form OP-216, Diesel Fuel / Propane / Natural Gas Tax Return**)

\* Indicate type of fuel, such as, diesel fuel, #2 fuel oil, propane, natural gas, or kerosene blended with diesel fuel.