Department of Revenue Services
State of Connecticut

(Rev. 08/03)

Receipts Record

Schedule DF-1B

Diesel Fuel / Propane / Natural Gas

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 9, 10, 11, 16, and 22 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 on this schedule.
- Attach completed schedule to Form OP-216.

Date (1)	Sold To (2)	Method of Delivery (3)	*Type of Fuel (4)	Point of Shipment (5)	Point of Delivery (6)	Gallons *(Round to nearest whole gallon)* (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.