

**Form MFT-EP**

Motor Fuel Export Permittee Report



13122799990101

Name			Federal employer identification number		
Address			For the month ending:		
			MM/DD/YYYY		
Address 2			Permit number		
City, town or post office		State	ZIP code	E-mail address	

FILE THIS REPORT BY THE 15 DAY OF EACH MONTH FOR THE PREVIOUS CALENDAR MONTH.  
ADD ADDITIONAL SHEETS IF NEEDED

PURCHASES							
Date MM/DD/YY	Supplier	Point of Acceptance	Point of Delivery	Gas	Diesel	Aviation	Other
<b>TOTALS</b>							

TAX PAID PURCHASES						
Date MM/DD/YY	Supplier	Point of Acceptance	Point of Delivery	Type	Gallons	Tax
<b>TOTALS</b>						

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code
			PTIN

May the Division of Taxation contact your preparer? YES