

Form BD-01**Biodiesel Manufacturer Tax Report**

Manufacturer name			Federal employer identification number		
Address			For the month ending:		
Address 2					
City, town or post office		State	ZIP code	E-mail address	

Schedule A - Receipts and Disbursements

1	Opening inventory.....	1	
2	Total gallons of biodiesel manufactured for the month.....	2	
3	Total gallons of biodiesel acquired from sources within this state.....	3	
4	Total gallons of biodiesel acquired from sources outside this state * * *	4	
5	Total gallons of petroleum diesel acquired from sources within this state.....	5	
6	Total gallons of petroleum diesel acquired from sources outside this state * * *	6	
7	Total gallons of blended biodiesel fuel available for sale. Add lines 1 through 6.....	7	
8	Total gallons of blended biodiesel fuel sold.....	8	
9	Closing inventory.....	9	

* * * Any Rhode Island motor fuel tax due on any purchases of biodiesel or petroleum diesel must be remitted on Form T-12.

Schedule B - Tax Paid Petroleum, Diesel Fuel Purchase Information in Gallons

Name of suppliers: _____

Beginning inventory:	Ending inventory:
Purchases:	Sales:
Total:	Total:

This report must be filed with the Division of Taxation by the 20th day of the month following the month for which the motor fuel was sold or used by the person making this report. Payment of all Motor Fuel Tax due must be made with this report. A copy of the most current ASTM certification must be included with the return for the month when the biodiesel was manufactured.

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 ☐

Revised 04/2021

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Schedule C - Itemized Sales

Product Code	
A	Biodiesel Fuel
B	Home Heating Oil
C	Marine Biodiesel Fuel
D	Other (identify)

Date MM/DD/YY	Name of Purchaser	Address	Gallons Sold	Product Code
Total to be transferred to Schedule A, line 8 - - - >				