

State of Rhode Island Division of Taxation  
**Form T-12**  
 Motor Fuel Special Distributor Tax Report

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

This report must be filed with the RI 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.

**Schedule A - Tax Computation**

		Gallons	Amount
1	Total motor fuel sold from Schedule C.....	1	
2	Total motor fuel used by company making this report.....	2	
3	Gallons sold or used upon which tax had been paid to supplier.....	3	
4	Adjusted motor fuel sold or used. Subtract line 3 from the total of lines 1 and 2....	4	
5	Adjustments on prior month(s) report.....	5	
6	Total gallons of motor fuel subject to tax. Combine lines 4 and 5.....	6	
7	Total motor fuel tax due. Multiply line 6 by the current tax rate.....	7	

**Schedule B - Tax Paid Information in Gallons**

Name of suppliers: \_\_\_\_\_

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

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

Key #7

