(Rev. January 2004)

Terminal Operator Report

OMB No. 1545-1734

Department of the Treasury Internal Revenue Service		For the month ending , 20 .				Corrected	☐ Void		
Par		perator					l .		
Company name					Employe	er Identificati	ion Number (EIN)		
Address (number, street, room or suite number)				Form 63	Form 637 Registration Number				
City, s	tate, and ZIP code								
Contact person Daytime tel			ephone number	Fax number	Email a	Email address			
Par	II Terminal	,		,					
Name of terminal						Terminal Control Number (TCN)			
Termin	al location				-				
Par	III Transactio	ns for the Month							
			Net Gallons (attach additional schedule(s) if needed) Enter the transactions for the period on Schedules A and B, then complete lines 1 through 7 for each product code (PC). See page 6 of the instructions for the product codes.						
			(a) PC:	PC:) PC:	(c)	PC:	d)	
1	Beginning inventor	y.							
2	Total receipts. Engallons from Scheroft), by product cod	dule(s) A, column							
3	Total gallons availa	ble. Add lines 1							
4	Total disbursement net gallons from Sc column (e). If you he for more than one product code, add each position holde enter the combined code here.	hedule(s) B, ave disbursements position holder for a the amounts from r's Schedule B and							
5	Subtract line 4 from	m line 3.							
6	Stock gains and lo losses in (parenthe								
7 Actual physical ending inventory at terminal.									
and co	mplete.	clare that I have examined		. 3 0	•	,		true, correct,	
	or print your name be		пие, п ар	ріісаріс 🚩			Date F		

Form 720-TO (Rev. 1-2004)				☐ Corrected	☐ Void Page 2
Terminal operator name as shown on Form 720-TO	EIN	<u> </u>	TCN	For the month	ending (enter MM/DD/YYYY)
Schedule A Terminal Operator Receipts		<u> </u>			
1 Product code (PC). Enter the product code instructions. A separate schedule is required for	from page 6 of the or each PC · · ►	F	Page for more than one S xample, 1 of 4, 2 of	of chedule A, for each different Po 4, etc.	C, number each sheet. For
2 Enter in the columns below the information r	equested for the PC	on line 1 above.			
(a) Carrier name	(b) Carrier EIN	(c) Mode of transportation	(d) Document date	(e) Document number	(f) Net gallons
3 Total. Add all amounts in column (f) for eac	h different PC If ther	e is more than one	page for a PC, ad	d the amounts from each	
page and enter the result on the last page of column (f) on Form 720-TO, line 2, in the column	Schedule A for that F	PC. Do not enter pag	ge subtotals. Also,	include the amount from	3

Form 720-TO (Rev. 1-2004)					Corrected Voi	d	Page 3	
Terminal operator name as shown on Form 720-TO	EIN		TCN		For the month ending (enter MM/D	D/YYYY)	
Schedule B Terminal Operator Disbursements	s by Position Holder							
Position holder (PH) name. Enter one name per page.	PH EIN PH Form 637				of			
					an one Schedule B, for each different PC, DS,			
				or MT, number	each sheet. For examp	le, 1 of 4,	2 of 4, etc.	
Complete lines 1 through 4 for each product code. 1 Product code (PC). Enter the product code from page.	as 4 of the instructions. A	congrete cobodi	ula is required for each	. DC	1			
2 Destination state (DS). Enter the destination state for	9	<u> </u>	<u> </u>					
each PC by state. PC 167 destined for Virginia (VA) and N			iistiuctions. A separat	e scriedule is re	equired for			
3 Mode of transportation (MT). Enter the mode of tra			us) for each product co	nde for each de	stination state			
PC 167 destined for Virginia by truck and rail and destine					167. VA. rail:			
(2) PC 167, VA, truck; (3) PC 167, MD, rail; and (4) PC 16	7, MD, truck		······································		▶ 3			
Example. ABC Terminal is preparing Schedule B for o	disbursements made by po	sition holder X\	Z. XYZ disburses gas	soline (PC 065),	diesel fuel #2 low su	ılphur und	dyed	
(PC 167), and jet fuel (PC 130) during the month destir	ned for two states by truck	. ABC must pre	pare six Schedules B					
destination states). A further breakdown by mode of tra	ansportation is not needed	because only t	ruck was used.					
4 Enter in the columns below the information requested for	or the product code on line	e 1 above.						
(a)	(b)	(c)	(0		(e)		(f)	
Carrier	Carrier	Docume			Net		Gross	
name	EIN	date	num	nber	gallons	ga	allons	
						1		
5 Totals. Add all amounts in columns (e) and (f) for ea								
destined for one state, or if a product is destined for two one Schedule B for a PC, DS, or MT, add the amounts f	states, then two Schedule	es B and totals	are required. If there	is more than				
each different PC, DS, or MT. Do not enter page subtota								
line 4, in the column for the applicable PC			· · · · · · · · · · · · · · · · · · ·	>	5e	5f		