

Appendix B

**Form EIA-821:
Annual Fuel Oil
and Kerosene
Sales Report**

Appendix B

EIA-821 (12-96)

U.S. DEPARTMENT OF ENERGY
Energy Information Administration

Form Approved
OMB Number: 1905-0174
Form Expires: 12/31/99

EIA-821: ANNUAL FUEL OIL AND KEROSENE SALES REPORT

This report is mandatory under Public Law 93-275. For the provisions concerning the confidentiality of information and sanctions, see Sections V and VI of the instructions.

PART I. IDENTIFICATION DATA

For assistance in completing this form
call 1-800-592-2299

Provide Corrections to Company Name, Telephone Number, and Address in Items 1-8																																
1. Company Name			4. Street																													
2. Name of Contact Person			5. P.O. Box / RFD																													
3. Contact's Telephone Number			6. City		7. State																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;">-</td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;">-</td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> </table>							-				-					8. Zip Code																
				-				-																								
9. Reference Year		10. Type of Report (<i>Check One</i>)		11. The Number of States for Which You Are Reporting																												
1996		(1) <input type="checkbox"/> Original (2) <input type="checkbox"/> Resubmission		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> </table>																												
12. Which of the following best describes this firm at the end of 1996?			13. Effective Date of Status Change																													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">a. <input type="checkbox"/> In operation - Sales include petroleum products</td> <td style="width: 5%; padding: 2px;">}</td> <td style="width: 65%; padding: 2px;">Skip to and complete items 22-25 and Part II</td> </tr> <tr> <td style="padding: 2px;">b. (1) <input type="checkbox"/> Sold or Merged</td> <td style="padding: 2px;">}</td> <td style="padding: 2px;">Complete items 13 to 25, and Part II for that portion of 1996 in which the firm was active under your ownership and control</td> </tr> <tr> <td style="padding: 2px;">(2) <input type="checkbox"/> Leased</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">c. <input type="checkbox"/> Permanently ceased operation</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Complete item 13, then skip to and complete items 22-25 and Part II for the portion of 1996 in which the firm was active under your ownership and control</td> </tr> <tr> <td style="padding: 2px;">d. <input type="checkbox"/> Subsidiary of another</td> <td style="padding: 2px;">}</td> <td style="padding: 2px;">Complete items 13 to 25, and Part II for that portion of 1996 in which the firm was active under your ownership and control</td> </tr> <tr> <td style="padding: 2px;">e. <input type="checkbox"/> Commissioned Agent</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">f. <input type="checkbox"/> Not in petroleum business</td> <td style="padding: 2px;"></td> <td style="padding: 2px;">Skip to and complete items 22-25</td> </tr> </table>			a. <input type="checkbox"/> In operation - Sales include petroleum products	}	Skip to and complete items 22-25 and Part II	b. (1) <input type="checkbox"/> Sold or Merged	}	Complete items 13 to 25, and Part II for that portion of 1996 in which the firm was active under your ownership and control	(2) <input type="checkbox"/> Leased			c. <input type="checkbox"/> Permanently ceased operation		Complete item 13, then skip to and complete items 22-25 and Part II for the portion of 1996 in which the firm was active under your ownership and control	d. <input type="checkbox"/> Subsidiary of another	}	Complete items 13 to 25, and Part II for that portion of 1996 in which the firm was active under your ownership and control	e. <input type="checkbox"/> Commissioned Agent			f. <input type="checkbox"/> Not in petroleum business		Skip to and complete items 22-25	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> <td style="width: 10%; border: 1px solid black; text-align: center;"> </td> </tr> </table>								
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f. <input type="checkbox"/> Not in petroleum business		Skip to and complete items 22-25																														
14. Name of Company Sold to / Leased to / Merged into / Subsidiary of / Agent for:			15. Name of Contact Person																													
16. Contact's Telephone Number			17. Street																													
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19. City		20. State		21. Zip Code																												
PREPARED BY: <i>Check appropriate box.</i> If preparer is different from contact person, complete lines 13 and 14.																																
22. <input type="checkbox"/> Preparer same as contact person shown on label			23. Date																													
24. <input type="checkbox"/> Preparer's Name			25. Preparer's Telephone number																													
Public reporting burden for this collection of information is estimated to average 3.2 hours per response, including the time of reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Energy Information Administration, Office of Statistical Standards EI-73, 1000 Independence Ave. SW, Washington, DC 20585; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC20503.																																

Name of Firm Reporting		DOE ID Number	Reference Year 1996	Page _____ of _____
PART II. TOTAL SALES DURING THE REFERENCE YEAR. (READ PAGES 2-5 OF INSTRUCTIONS CAREFULLY)				
Line No.	Type of Fuel and Use	States of Destination (<i>Enter STANDARD ABBREVIATIONS</i>)		
	Sold directly to consumers for	Kerosene (<i>Report in Actual Gallons</i>)		
1	Residential Use (Non-Farm):			
2	Commercial Use:			
3	Industrial Use:			
4	Farm Use:			
5	All Other Uses (<i>Include own company use</i>):			
6	Sold to dealers, resellers, and refiners:			
7	Total Kerosene (Add Lines 1 thru 6)			
	Sold directly to consumers for	Distillate Fuel Oil (<i>Report in Actual Gallons</i>)		
	Residential Use (Non-Farm):			
8	No. 1			
9	No. 2			
	Commercial Use (See Reference Guide):			
10	No. 1			
11	No. 2 Fuel Oil			
12	No. 2 Diesel \leq .05% Sulfur, Low			
13	No. 2 Diesel $>$.05% Sulfur, High			
14	No. 4			
	Industrial Use (Manufacturing and Mining):			
15	No. 1			
16	No. 2 Fuel Oil			
17	No. 2 Diesel \leq .05% Sulfur, Low			
18	No. 2 Diesel $>$.05% Sulfur, High			
19	No. 4			
20	Oil Company Use (Drilling and Own Company Refining):			
21	Railroad Use:			
22	Vessel Bunkering (Shipping and Boating):			

Name of Firm Reporting	DOE ID Number	Reference Year 1996	Page _____ of _____
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PART II. TOTAL SALES DURING THE REFERENCE YEAR. (READ PAGES 2-5 OF INSTRUCTIONS CAREFULLY)

Line No.	Type of Fuel and Use	States of Destination (Enter STANDARD ABBREVIATION)		

Distillate Fuel Oil--Continued (Report in Actual Gallons)

	Military Use:			
23	Diesel			
24	Other Distillate			
25	Electric Utility Use:			
	Farm Use:			
26	Diesel			
27	Other Distillate			
28	On-highway Diesel Use:			
	Off-highway Use:			
29	Construction			
30	Other (Specify e.g., Logging) _____			
31	All Other Uses (Specify): _____			
32	Sold to dealers, resellers, and refiners:			
33	Total Distillate (Add Lines 8 thru 32)			

Residual Fuel Oil - Include No.5 and No. 6 (Report in Actual Gallons)

	Sold directly to consumers for			
34	Commercial Use (Nonmanufacturing):			
35	Industrial Use (Manufacturing and Mining):			
36	Oil Company Use (Drilling and Own Company Refining):			
37	Railroad Use (Include Volumes on line 41):			
38	Vessel Bunkering:			
39	Military Use:			
40	Electric Utility Use:			
41	All Other Uses (Specify): _____			
42	Sold to dealers, resellers, and refiners:			
43	Total Residual (Add Lines 34 thru 42)			