

150-608-002 (Rev. 1-01) Web

OREGON PETROLEUM LOAD FEE

Tax Year 2001 Quarterly Return

	FOR OFFICE USE ONLY						
	Date Received						
•	•						
	Payment Received						
•							

Please read the instructions on the back —

🛊	Quarter	Due Dat	e]	Business Identification No.	Program		Yea		Period	Liability
	1/1/01 to 3/31/01	April 30, 2	2001 📍	•	55	0	01	1	03	1 1
1st Quarter						Federa	al Identifi	cation	n No.	
						Teleph	one No.			
Business	Name					()			
Mailing A	ddress—Street									
City			State	ZIP Code						
Indicate										
☐ Bu	lk Facility ☐ Importer	☐ Tra	nsporter							
1 Num	har of lands				1 '	•				
i. Nuili	ber of loads				'					4 75
2. Rate	per load				2					4.75
3 FFF	DUE (multiply line 1 × line	2)			3 '	\$				
J. 1 LL	DOL (maniphy line 1 × line	, 2)				١.				
4. Pena	alty (see instructions)				4	\$				
5 Inter	est (see instructions)				5	\$				
o. intor						_ e				
6. TOT .	AL DUE (add lines 3, 4, ar	nd 5)			6	\$				
			DEC	CLARATION						
	re under the penalties for wledge it is true, correct, a		(ORS 30	5.990(4)) that I have ex	amined	this c	docum	ent	and to tl	he best of
Signature				Social Security Number			Da	te		
Χ										
PRINT Na	ame Signed Above		Title			Т	elephon	e Nur	mber	
						()		

Mail this return on or before the due date shown above.



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	Quarter	Due Dat	е	Business Identification No.	Program	Code	Year	Period	Liability
4	4/1/01 to 6/30/01	July 31, 2	2001 [°]	Ì	550	0 †	01 '	06 '	1
2nd Quarter					•	Federal lo	dentificatio	on No.	
D	NI					Telephon	ne No.		
Business	Name					()		
Mailing A	ddress—Street								
City			State	ZIP Code					
Indicate	<u>.</u>								
	k Facility	☐ Tra	ansporter						
			·		, •	•			
1. Num	ber of loads				1				4 75
2. Rate	per load				2				4.75
3. FEE	DUE (multiply line 1 × line	2)			3	\$			
						\$			
4. Pena	Ilty (see instructions)				4	-			
5. Inter	est (see instructions)				5	\$			
6. TOT	AL DUE (add lines 3, 4, an	d 5)			6	\$			
	, , , , , ,	,					<u> </u>		
			DE	CLARATION					
	re under the penalties for wledge it is true, correct, a		(ORS 30	05.990(4)) that I have ex	camined	this do	cument	t and to t	he best o
Signature				Social Security Number			Date		
X			T						
PRINT Na	me Signed Above		Title			Tele	ephone Nu 、	ımber	

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•						
	Payment Received					
•						

	Quarter	Due Date	Business Identificat	tion No.	Program Code	Year	Period	Liability
3	7/1/01 to 9/30/01	October 31, 2001	•	•	550	01	09 '	1
3rd Quarter			•		Federa	Identification	on No.	
					Telepho	one No.		
Business	Name				()		
Mailing A	ddress—Street							
Walling 7 k	duroso Otroot							
City		State	ZIP Code					

Indicate:			
 ☐ Bulk Facility ☐ Importer ☐ Transporter 			
1. Number of loads	1		
2. Rate per load	2	4.	75
		¢ C	
3. FEE DUE (multiply line 1 X line 2)	3	Φ	
4. Penalty (see instructions)	4	\$	
		ф.	
5. Interest (see instructions)	5	Ф	
6. TOTAL DUE (add lines 3, 4, and 5)	6 °	\$	

DECLARATION

I declare under the penalties for false swearing (ORS 305.990(4)) that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature		Social Security Number		Date
X				
PRINT Name Signed Above	Title		Telep	hone Number
			()

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Please read the instructions on the back ---

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	Date Received						
•							
	Payment Received						
•							

	Quarter	Due Date	e	Business Identification No.	Program Co	de Year	Period	Liability
 4	10/1/01 to 12/31/01	January 31,	, 2002	•	550	† 01	12 °	1
4th Quarter						leral Identification	on No.	
Business I	Name				Tele (ephone No.		
Mailing Ac	ddress—Street							
City			State	ZIP Code				
		,						
Indicate	:							
☐ Bull	k Facility	· □ Tra	insporter					
1. Numb	per of loads				1			
2. Rate	per load				2		4	1.75
3. FEE	DUE (multiply line 1 X line	e 2)			3 \$			
4. Pena	Ity (see instructions)				4 \$			

DECLARATION

5. Interest (see instructions) ______5

6. **TOTAL DUE** (add lines 3, 4, and 5)

I declare under the penalties for false swearing (ORS 305.990(4)) that I have examined this document and to the best of my knowledge it is true, correct, and complete.

Signature		Social Security Number		Date
X				
PRINT Name Signed Above	Title		Telep	hone Number
			()

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Please read the instructions on the back ---

Mail this return on or before the due date shown above.

INSTRUCTIONS

General information

This Oregon Petroleum Load Fee quarterly return is required to be filed every quarter to report the number of loads of petroleum withdrawn or imported in Oregon (ORS 465.104 to 465.131).

This return and payment of the fee is due on or before the last day of the month following the end of each quarter.

Definitions

Bulk Facility. A terminal facility to which a refined petroleum product is delivered primarily by pipeline, barge or rail and from which refined petroleum product is withdrawn and delivered into a cargo tank or barge.

Importer. One who causes petroleum products to be brought into the state from outside Oregon for delivery into one or more storage tanks not connected to a bulk facility.

Transporter. One who withdraws petroleum product from a bulk facility within the state and delivers the product to another location in Oregon.

Instructions

Line 1. Enter the total number of loads made during the quarter.

Line 3. Multiply the number of loads by the amount of the fee.

Line 4. Enter penalty amount (if applicable).

Line 5. Enter interest amount (if applicable).

Penalty. A penalty is imposed if you mail your return and pay the fee after the due date. The penalty is 5 percent of the unpaid fee. If you file more than three months after the due date, add an additional penalty of 20 percent of the unpaid fee.

Interest. Interest is imposed on any unpaid fee from the due date until the date payment in full is received. The current interest rate is 10 percent annually or .8333 percent per month (.0274 percent per day).

Sign and date your return. Please do not use red ink or staple your check or money order to this return.

Mail this return with your check payable to:

OREGON PETROLEUM LOAD FEE OREGON DEPARTMENT OF REVENUE PO BOX 14110 SALEM OR 97309-0910

Assistance

Telephone	: Salem	503 - 378 - 4988
	Toll-free within Oregon 1-	800-356-4222
Internet	<u>www.</u>	dor.state.or.us

Representatives are available 7:30 A.M.-5:10 P.M. Monday-Friday, except Wednesday when the hours are 9 A.M.-5:10 P.M. From April 2-April 16, representatives are available from 7 A.M.-7 P.M., Monday-Friday (wait times may be 20 minutes or more). Closed on holidays.

Correspondence. Write to: Oregon Department of Revenue, 955 Center Street NE, Salem OR 97301-2555. Include your federal identification number or Oregon business identification number (BIN) and a daytime telephone number for faster service.

TTY (hearing or speech impaired only). **These numbers are answered by machine only and are not for voice use.** The toll-free number within Oregon is 1-800-886-7204. In Salem, the number is 503-945-8617.

¿Habla español? Línea de mensaje. Las personas que necesitan asistencia en español pueden dejar un mensaje. El número disponible todo el año en Salem es 503-945-8618.

A message line is available all year for those who need assistance in Spanish. The number in Salem is 503-945-8618.

Americans with Disabilities Act (ADA). In compliance with ADA, this information is available in alternative formats upon request by calling 503-378-4988.