

Quarterly Return

Tax Year 2003

| FOR OFFICE USE ONLY |
|---------------------|
| Date Received |
| |
| Payment Received |
| • |
| |

Please read the instructions =

|--|

| Quarter | Due Date | Business Identification Number | Program C | ode | Year | Period | Liability |
|----------------------|----------------|--------------------------------|-----------|--------|------------------|-----------|-----------|
| 01/01/03 to 03/31/03 | April 30, 2003 | • | 550 |) | 03 | 03 | 1 |
| | | | | Federa | I Identification | on Number | |
| | | | | Teleph | one Numbe | r | |

| Indicate: Bulk Facility | ☐ Importer | ☐ Transporter | | | |
|--|------------------|--------------------------------|-------------|-----------------------|--------|
| Number of loads | | | 1 | | |
| 2. Rate per load | | | 2 | 4.7 | 5 |
| 3. TOTAL FEE DUE (multiply | line 1 x line 2) | | 3 | \$ | |
| | · | DECLARATION | | | |
| I declare under the penalties for my knowledge it is true, correc | | RS 305.990(4)] that I have exa | amined this | document and to the b | est of |
| Signature | | Social Security No. | | Date | |
| X PRINT Name Signed Above | | Title | | Telephone No. | |
| Trans Signod Abovo | | Tito | | () | |

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



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Please read the instructions =

Liability

1

| 2 | Quarter | Due Date | Business Identification Number | Program C | ode | Year | Period |
|------------|----------------------|---------------|--------------------------------|-----------|--------|----------------|-----------|
| 2 | 04/01/03 to 06/30/03 | July 31, 2003 | • | 550 |) | 03 | 06 |
| nd Quarter | | | | • | Federa | l Identificati | on Number |
| | | | | | Teleph | one Numbe | r |

| Indicate: | ☐ Bulk Facility | ☐ Importer | ☐Transporter | | | | |
|--------------|-----------------------|------------|-----------------------------|---------------|--------------------|-------|-------|
| | | | | | 4 | 1.75 | |
| | | | | | \$ | | |
| | | | DECLARATION | | | | |
| | nder the penalties fo | U - | DRS 305.990(4)] that I have | examined this | document and to th | e bes | st of |
| Signature | | | Social Security No. | | Date | | |
| X | | | | | | | |
| PRINT Name S | igned Above | | Title | | Telephone No. | | |

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| | Quarter | Due Date | Business Identification Number | Program C | ode | Year | Period | Liability |
|-------------|----------------------|------------------|--------------------------------|-----------|--------|-----------------|-----------|-----------|
| 3 | 07/01/03 to 09/30/03 | October 31, 2003 | † | 550 | 0 | 03 | 09 | 1 |
| 3rd Quarter | | | | 1 | Federa | al Identificati | on Number | ' |
| | | | | | Teleph | one Numbe | r | |

| Indicate: | ☐ Bulk Facility | ☐ Importer | ☐Transporter | | | | |
|---|------------------------|------------|-----------------------------|-----------------|-----------------|--------|-------|
| 1. Numbe | er of loads | | | 1 | | | |
| 2. Rate pe | er load | | | 2 | | 4.75 | |
| 3. TOTAL FEE DUE (multiply line 1 x line 2) | | | | 3 | \$ | | |
| | | | DECLARATION | | | | |
| | nder the penalties for | 0. | ORS 305.990(4)] that I have | e examined this | document and to | the be | st of |
| Signature | | | Social Security No. | | Date | | |
| X | | | | | | | |
| PRINT Name S | Signed Above | | Title | | Telephone No. | | |

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| İ | Payment Received |
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| | Quarter | Due Date | Business Identification Number | Program Co | Program Code | | Period | Liability |
|-----------|----------------------|------------------|--------------------------------|------------|--------------|------------------|-----------|-----------|
| 4 | 10/01/03 to 12/31/03 | January 31, 2004 | | 550 |) | 03 | 12 | 1 |
| h Quarter | | | | | Federa | I Identification | on Number | |
| | | | | | Teleph | one Number | - | |
| | | | | | (|) | | |

| Indicate: | ☐ Bulk Facility | ☐ Importer | ☐Transporter | | | |
|--------------|--|------------------|-----------------------------|---------------|-----------------------|--------|
| 1. Numbe | r of loads | | | 1 | | |
| 2. Rate pe | er load | 2 | | 4.7 | 4.75 | |
| 3. TOTAL | FEE DUE (multiply | line 1 x line 2) | | 3 | \$ | |
| | | | DECLARATION | | | |
| | nder the penalties fo dge it is true, correct | ٠. | DRS 305.990(4)] that I have | examined this | document and to the b | est of |
| Signature | | | Social Security No. | | Date | |
| X | | | | | | |
| PRINT Name S | signed Above | | Title | | Telephone No. | |

Please read the instructions •

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

INSTRUCTIONS

General information

This Oregon Petroleum Load Fee quarterly return must be filed every quarter to report the number of loads of petroleum withdrawn or imported in Oregon (Oregon Revised Statutes 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.

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 your return more than three months after the due date, an additional penalty of 20 percent of the unpaid fee is due.

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 7 percent annually or 0.5833 percent per month (0.0192 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

Taxpayer assistance

Telephone:

| Salem | 503-378-4988 |
|-------------------------|----------------|
| Toll-free within Oregon | 1-800-356-4222 |

TTY (hearing or speech impaired; machine only): 503-945-8617 (Salem) or 1-800-886-7204 (toll-free within Oregon).

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free within Oregon).

For general tax information: www.dor.state.or.us

Asistencia en español. Llame al 503-945-8618 en Salem.



955 Center St NE Salem OR 97301-2555

2003 Oregon Petroleum Load Fee Information

2003 Quarterly Fee Return

Enclosed are your quarterly fee report forms for the Oregon Petroleum Load Fee program. These returns have been updated for the year 2003.

| Quarter: | Reporting Period: | Due Date: | |
|-------------------------|--------------------|------------------|--|
| 1st quarter (period 3) | 1/1/03 - 3/31/03 | April 30, 2003 | |
| 2nd quarter (period 6) | 4/1/03 - 6/30/03 | July 31, 2003 | |
| 3rd quarter (period 9) | 7/1/03 - 9/30/03 | October 31, 2003 | |
| 4th quarter (period 12) | 10/1/03 - 12/31/03 | January 31, 2004 | |

Always retain a copy of each completed return for your records.

Business Identification Number

Each taxpayer is identified by a business identification number (BIN) assigned by the Oregon Department of Revenue. Your BIN is printed on your quarterly fee returns. Please use your BIN when filing all fee returns and in any inquiries with the department. Write your BIN on all payments submitted with your returns.

Payments

To make sure your payments are credited correctly, carefully complete and send your *Oregon Petroleum Load Fee Quarterly Return* with every payment you make. If you do not carefully complete all the required items on the return, your payment may not be credited correctly. If this happens, you may have to pay penalties and interest.

Questions?

For more information, please contact:

Genevia Hagner Program Coordinator Petroleum Load Fee Program Oregon Department of Revenue PO Box 14110 Salem OR 97309-0910

503-945-8121