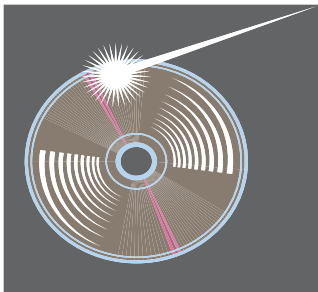
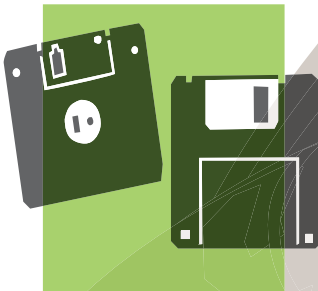




Magnetic Media Filing Formats for Motor Fuel Reporting



Compact Disc



3.5 Diskette

*Motor Fuel Compliance Review
&
Licensing Section
217 782-2291*

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Instructions for Showing Blended Fuel on Receipt Schedules

To show blending you need 2 records. The first is to subtract the fuel, and the second is to add the blended fuel back in. The receipt schedules are "A", "SA", "LA" and "DA".

Enter all of the information exactly as you would normally, with the following exceptions:

1 Filing Indicator, position 26:

- Record 1 - Use an "N" to indicated Negative Data to take the fuel out.
- Record 2 - Use an "O" to indicate Original Data to add the blended fuel back in.

2 Net Gallons, positions 178 - 187:

- Record 1 - Enter gallons to be subtracted.
- Record 2 - Enter gallons to be added.

(Use a POSITIVE number in both cases, the Filing Indicator will tell our system whether it should be subtracted or added.)

3 Seller's License Number, positions 94 - 113:

Both records - Use your own License number. Do not leave the field blank or zero fill.

4 Seller's Name, positions 74 - 93:

- Record 1 - Enter "XFER TO SCHED M"
- Record 2 - Enter "XFER FR SCHED M"

5 Invoice Date, positions 114 - 119:

BOL Date, positions 132 - 137:

Both records - Enter the date of transfer in both fields.

6 Tax Type, position 188:

Both records - Enter a "3" into both fields.

7 Receipt Type, position 199:

Both records - Enter a "1" into both fields.

8 Invoice Number, positions 120 - 131:

BOL Number, positions 138 - 147:

Origin, positions 212 - 226:

Destination, Positions 227 - 241:

Carrier Name, positions 242 - 256:

Both records - You can enter anything you want in these fields except all spaces or all zeroes.

Note: Gallons with Filing Indicator of "N" should be subtracted when accumulating gallons for Schedule total (record "S"), Vendor total (record "V"), and File total (record "Z").

Diskette and Compact Disc (CD) Filing Specifications For Motor Fuel Schedules

- 1 Diskettes used shall be 3.5 HD, or 3.5 and compact disc (in Joliet format).
- 2 Diskette and CD's will **not** be returned.
- 3 External label shall be created per IDOR label format on Page 6, and placed directly on the diskette/CD.
- 4 Data records shall be created per IDOR record layouts described on Pages 8 through 52.
- 5 IDOR permits only one liability period per diskette/CD file.
- 6 All diskettes must contain fixed length records of the length specified on the record layouts. Each record must be terminated by an additional two (2) bytes ASCII record terminator of a Carriage Return and Line Feed (CRLF).
- 7 Recording mode must be IBM standard ASCII.
- 8 All schedules must be entered in filer license number, schedule type order, record type, and purchaser or seller license number order within the schedule type.
- 9 All motor fuel schedules, except for schedules "F" and "J" must be filed on diskette.
- 10 Only supporting schedules for the original return must be filed on diskette or CD. All amended schedule information must be filed on paper.
- 11 Standard Point Location Codes (SPLC) and Standard Carrier Alpha Codes (SCAC) published by The National Motor Freight Traffic Association will **NOT** be utilized.
- 12 Filer's paper schedules must accompany the return for at least two months following magnetic filing approval, unless otherwise notified by IDOR. If no notification is received, paper schedule submission may cease after two liability periods.
- 13 A transmittal sheet must accompany each file showing filer's name and license number, liability period, creation date, and total transactions on the diskette(s), do not save the transmittal to the diskette.
- 14 Records or blocks of data may not span diskettes.
- 15 Use of compression utility PKZIPR is encouraged.
- 16 The filing agent is required to have an updated Form IL-2848, Power of Attorney, for all clients filing through the diskette process.
- 17 The filing agent must sign all transmittal forms as "Agent for Taxpayers" included on the diskette file being submitted.
- 18 IDOR reserves the right to revoke a Motor Fuel License due to non-compliance with requirements or specifications.
- 19 The filing agent must adhere to all IDOR diskette requirements and specifications.
- 20 Do not submit returns and/or remittance with your magnetic media. Continue to send returns to the address indicated on the return form.
- 21 Please send diskette(s) and accompanying documents to:

MOTOR FUEL COMPLIANCE REVIEW AND LICENSING SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19477
SPRINGFIELD IL 62794-9477

Example of Transmittal Which Will Need to Accompany Each File

Illinois Motor Fuel Schedules Diskette Transmittal

Filing Agent Name: XX
 Filing Agent Address: XX
 Filing Agent City, State, Zip: XXXXXXXXXXXXXXXXXXXXXXXX XX XXXXX
 Filing Agent Phone: (999) 999-9999
 Liability Period: 99/99
 Creation Date: 99/99/99

Filer's Name: XX
 Filer's License: X - 99999

<u>License</u>	<u>Schedule</u>	<u>Number of Transactions</u>
09999	A	99,999
	C	999
	.	.
	.	.
	'S'	5
19999	'V'	1
	LA	999
	.	.
	.	.
	'S'	4
	'V'	1
	'Z'	1
Total Records		<u>999,999</u>

MUST
APPEAR
FOR
EACH
FILER

Reminder: Please put the following information on your external label on the diskette(s)
 Your license number
 Your company name
 Liability period
 Creation date
 Sequence number, if more than one diskette (example: 1 of 2, 2 of 2, etc.)

Note: Distributor/Supplier and Receiver license numbers are two separate filer license numbers.

Data Records Explanation

- 1 The following explains the types of data records that are to be used when filing on diskette. Each record is a fixed length record of 256 bytes.
 - A Detail record - Schedule entry line items. Four different types may be submitted by setting the filing indicator in the record.
 - 1 Original Entry - All initial entries filed with the return.
 - 2 Reversal Entry - An exact copy of the Original Entry that needs to be corrected.
 - 3 Correction Entry - Replaces an entry that was submitted in error.

Note: A Reversal Entry must be submitted that corresponds to this Correction Entry
 - 4 Negative Entry - Negates or reduces the balance of an Original Entry, using a different Invoice Number. Used when original Invoice Number is not available, however the BOL# should remain the same as originally reported.
 - B Schedule Total Record - Accumulated totals for schedule entries of each schedule. Required at the end of Schedule Entry Records for each schedule written to the file.
 - C License Total Record - Summary total of all entries from all schedule total records for each licensed filer. Required at the end of the final schedule total records for each licensed filer.
 - D File Total Record - Summary total of all entries from all schedules. Required as the last record on the diskette file.

General Information

- 1 All numeric fields are in unpacked format, preceded with zeroes, right justified and zero-filled when not used.
 - 2 All alphanumeric fields are to be left justified and space-filled when not used.
 - 3 Not all fields in the data records are required. Refer to the record layouts and schedules to determine which fields are required for the schedules you are submitting on the diskette file.
 - 4 Incompatible files or variances from these specifications shall not be accepted. Any file that cannot be read will be required to be replaced.
-

Record Layouts and Schedules

To ensure proper formatting of records, an example of each schedule has been included in this book with a record layout. The record layout for an entry record is the same for all schedules. However, each schedule requires varying information. Thus, each schedule is listed with its report layout requirements.

The record layouts have a column titled "FLD" that numbers each field in the record. The example schedules have circled numbers that correspond to these field numbers.

If the field number does not have a corresponding number on the schedule, enter whatever is shown in the "Remarks" column of the record layout.

Date Fields

The century must not be included for reporting periods and invoice dates on the magnetic media records.

Gallon Fields

The invoice gallon field for 'E' records is 10 bytes long. This includes a one digit decimal position. The decimal point is implied and should not be entered. Gallons should be rounded to the nearest whole gallon. The field should be right justified and left zero filled with a zero in the one digit decimal position.

Example: 25,963.6 gallons would be rounded and entered as 0000259640.
 25,963.2 gallons would be rounded and entered as 0000259630.

The total invoice gallon field on record types 'S', 'V', and 'Z' is 15 bytes long with a one digit decimal position. The decimal point is implied and should not be entered. The field should be right justified and left zero filled with a zero in the one digit decimal position.

Example: 245,693.0 gallons would be entered as 000000002456930.

For Schedule MG and MS each whole gallon of the primary and blending agent must add together to exactly equal the end product.

To accumulate the total record gallons:

- 'S' record gallons are accumulated by adding all 'E' record gallons for the specified schedule with a filing indicator of 'O' or 'C'. Gallons with a filing indicator 'R' and 'N' should be subtracted from the total.
 - Gallons for record 'V' should be the accumulated gallons for all 'S' records for the specified license number.
 - Gallons for record 'Z' should be the accumulated gallons for all 'V' records.
-

Contact Information

Call us at: **1 800 732-8866** or **217 782-2291**

Call our TDD at: **1 800 544-5304**
(telecommunications device for the deaf)

Write us at: **MOTOR FUEL COMPLIANCE REVIEW AND LICENSING SECTION**
 ILLINOIS DEPARTMENT OF REVENUE
 P O BOX 19477
 SPRINGFIELD IL 62794-9477

For technical help: **217 785-6744**
(Diskettes)



Schedule A

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Gasoline Products Produced, Acquired, Received, or Transported into Illinois

Step 1: Complete the following information

Gas & Oil Co. **(8)** _____ Check the tax/fee type you are listing on this page. **(26)** Check the receipt type that you are listing on this page.
 Company name MFT-free only Gasoline products received in Illinois
 D-04321 **(1)** _____ UST-/EIF-free only Gasoline products imported into Illinois
 Your license number Both MFT- and UST-/EIF-free Gasoline products produced in your Illinois refinery
 Reporting period 0 7/2 0 0 **(9)** **(23)**
 Month Year

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/20/00	A1234	AB Trucking	B5678	Test Oil Co.	Chicago, IL	Springfield	D-02345	15,000
2	(17)	(18)	(31)	(20)	(15)	(29)	(30)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "A" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'A'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "A" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		SELLER LICENSE NUMBER	Enter seller license type.
			N	94 - 95 Type	'01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
17	114 - 119	6	A	102 - 113 Filler	Space fill.
			N	INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
18	120 - 131	12	N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
			A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
20	138 - 147	10	N	136 - 137 Day	01 - 31.
			A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
			N	FILLER	Not used by IDOR. Zero fill.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT - and UST-/EIF-Free
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 199	1	A/N	RECEIPT TYPE	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
27	200 - 210	11	A	FILLER	Space fill.
28	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
29	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
30	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
31	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE



Schedule B

Motor Fuel Tax

Gasoline Products Sold to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities, Non-Recreational Type Watercraft, or for Aviation Purposes

Attach to Form RMFT-5

Step 1: Complete the following information

Gas & Oil Co. 8
Company name
 D-04321 1
Your license number
 Reporting period 0 7 / 2 0 0 0 9
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/18/2000	C15643	XZ Transport	A19565	Test Oil Co.	Moline	Rock Island	9,500
2	17	18	30	20	15	28	29	22

Motor Fuel Uniform Schedules Schedule "B" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		FILER LICENSE	
			N	1 - 2 Type	Enter filer license type.
			N	3 - 7 Sequence #	'01' - for distributor Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'B'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		LIABILITY DATE	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'. 01 - 12.
			N	48 - 49 Year	
			N	50 - 51 Month	
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "B" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
29	227 - 241	15	A	DESTINATION NAME 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE



Schedule C

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Sales and Transfers of Gasoline Products Delivered to Points Outside of Illinois

Step 1: Complete the following information

Gas & Oil Co.	(8)
<small>Company name</small>	
D-04321	(1)
<small>Your license number</small>	
MO	(27)
<small>Name of state into which shipments were made</small>	
Reporting period 0 7 / 2 0 0 0	(9)
<small>Month Year</small>	

Step 2: Report your exported gallons

1	2	3	4	5	6	7	8
Invoice date (month, day, year)	Invoice number	Name of carrier	Bill of lading or manifest number	Name of purchaser	Origin (Illinois cities only)	Destination (city and state)	Invoiced gallons
07/20/2000	169877	ABC Trucking	B165544	Test Oil Co.	Springfield	St. Louis, MO	8,800
(17)	(18)	(31)	(20)	(15)	(29)	(30)	(22)

Motor Fuel Uniform Schedules Schedule "C" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		FILER LICENSE	
			N	1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'C'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		LIABILITY DATE	
			N	48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "C" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 208	10	A	FILLER	Space fill.
27	209 - 210	2	A	EXPORT STATE	Enter valid postal abbreviation for the export state.
28	211-211	1	A	MEDIA CODE	Enter 'D' for diskette.
29	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
30	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
31	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

GAS - GASOLINE



Schedule D

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF

Gasoline Products Sold and Distributed Tax- and Fee-Free in Illinois to Licensed Distributors and Receivers

Step 1: Complete the following information

Test Oil Co. 8

Company name
D-02345 1

Your license number
Reporting period 0 7/2 0 0 0 9
Month Year

- 23 Check the tax/fee type you are listing on this page.
- MFT-free only
- UST-EIF-free only
- Both MFT- and UST-EIF-free

Step 2: Report your tax- and fee-free sales

1	2	3	4	5	6	7	8	9
Invoice date (month, day, year)	Invoice number	Name of carrier	Bill of lading or manifest number	Name of purchaser	Origin (Illinois cities only)	Destination (Illinois cities only)	Purchaser's license number	Invoiced gallons
07/17/2000 17	A1234 18	XT Transport 30	B5678 20	Gas & Oil Co. 15	Joliet 28	Lincoln 29	D-04321 16	15,000 22

Motor Fuel Uniform Schedules Schedule "D" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'D'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "D" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks	
16	94 - 113	20		PURCHASER LICENSE NUMBER		
			N	94 - 95	Type	Enter purchaser license type: '01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100	Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N A	101 102 - 113	Code Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.	
			N	114 - 115	Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N N	116 - 117 118 - 119	Month Day	01 - 12. 01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.	
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.	
			N	132 - 133	Year	
			N N	134 - 135 136 - 137	Month Day	01 - 12. 01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.	
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.	
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.	
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free	
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.	
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.	
26	199 - 210	12	A	FILLER	Space fill.	
27	211-211	1	A	MEDIA CODE	Enter 'D' for diskette.	
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.	
				212 - 224		City
				225 - 226	State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.	
				227 - 239		City
				240 - 241	State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.	

* PRODUCT CODE

GAS - GASOLINE



Schedule E

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Tax- and Fee-Paid Purchases

Step 1: Complete the following information

Gas & Oil Co. **(8)**
 Company name
 D-04321 **(1)**
 Your license number
 Reporting period 07/2000 **(9)**
 Month Year

(23) Check the tax/fee type you are listing on this page.
 MFT-paid only
 UST-/EIF-paid only
 Both MFT- and UST-/EIF-paid

(25) Check the product type you are listing on this page.
 Gasoline products
 Combustible gases
 Alcohol

Step 2: Report your tax- and fee-paid purchases

1	2	3	4	5	6	7	8	9
Invoice date (month, day, year)	Invoice number	Name of carrier	Bill of lading or manifest number	Name of seller	Origin (Illinois cities only)	Destination (Illinois cities only)	Seller's license number	Invoiced gallons
10/20/2000 (17)	B1234 (18)	AZ Trucking (30)	L98765 (20)	Test Oil Co. (15)	Chicago (28)	Peoria (29)	D-02045 (16)	4,000 (22)

Motor Fuel Uniform Schedules Schedule "E" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '08' - for receiver (If '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'E'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "E" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks	
16	94 - 113	20		SELLER LICENSE NUMBER		
			N	94 - 95	Type	Enter seller license type: '01' - for distributor '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100	Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N A	101 102 - 113	Code Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.	
			N	114 - 115	Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N N	116 - 117 118 - 119	Month Day	01 - 12. 01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.	
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.	
			N	132 - 133	Year	
			N N	134 - 135 136 - 137	Month Day	01 - 12. 01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.	
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.	
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.	
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Paid only 2 - UST-/EIF-Paid only 3 - Both MFT- and UST-/EIF-Paid	
24	189 - 189	1	A	FILLER	Space fill.	
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.	
26	199 - 210	12	A	FILLER	Space fill.	
27	211-211	1	A	MEDIA CODE	Enter 'D' for diskette.	
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.	
				212 - 224		City
				225 - 226	State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.	
				227 - 239		City
				240 - 241	State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.	

* PRODUCT CODE

 GAS - GASOLINE
 ALC - ALCOHOL
 CNG - COMBUSTIBLE GASES



Schedule M — Gasoline

Attach to Form RMFT-5

MFT, UST, and EIF Products Used for Blending

Step 1: Complete the following information

Company name Gas & Oil Co. (8)

Your license number D-05533 (1)

Reporting period 1 / 0 / 2 0 / 0 / 7 (9)
Month Year

Do not report special fuel (such as diesel) on this schedule.
Use Schedule M-Special Fuels.

Step 2: Report your blending activity

(If column 2c, 3c, or 4b is used, write the exact name of the product on the line provided.)

Blended date (month, day, year)	Primary product gallons (Report one product type per page.)			Blending agent gallons			Total end product gallons	
	a	b	c	a	b	c	a	b
	Gasoline	Ethanol	Other (Identify)	Gasoline	Ethanol	Other (Identify)	Gasohol	Other (Identify)
1 10072007	6,343				660		7,003	
2 (19)	(28)				(32)		(23)	

Motor Fuel Uniform Schedules Schedule "M" - Gasoline (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'MG'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILLER	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73-73	1	N	FILLER	Not used by IDOR. Zero fill.
15	74-93	20	A/N	PURCHASER NAME	Space fill.

Motor Fuel Uniform Schedules

Schedule "M" - Gasoline (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6	N	INVOICE DATE	Zero fill.
18	120 - 131	12	A	INVOICE NUMBER	Space fill.
19	132 - 137	6		BLENDING DATE	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only.
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 146	9	A	END PRODUCT CODE	Enter 3 character product code. *** If not contained within code table, enter product name.
21	147 - 147	1	A	FILLER	Space fill.
22	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
23	178 - 187	10	N	END PRODUCT GALLONS	Total end product gallons. Format 9(9)V9.
24	188 - 188	1	N	FILLER	Zero fill.
25	189 - 189	1	A	FILLER	Space fill.
26	190 - 198	9	A	PRIMARY PRODUCT CODE	Enter 3 character product code. *** If not contained within code table, enter product name.
27	199 - 199	1	A	FILLER	Space fill.
28	200 - 209	10	N	PRIMARY PRODUCT GALLONS	Primary product gallons. Format 9(9)V9
29	210 - 210	1	A	FILLER	Space fill.
30	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette or CD.
31	212 - 221	10	N	BLENDING AGENT GALLONS Column a	Blending gasoline gallons Column a. Format 9(9)V9.
32	222 - 231	10	N	BLENDING AGENT GALLONS Column b	Blending ethanol/alcohol gallons Column b. Format 9(9)V9.
33	232 - 240	9	A	BLENDING AGENT NAME Column c	Enter actual product name. If different from gasoline or ethanol/alcohol.
34	241 - 250	10	N	BLENDING AGENT OTHER Gallons Column c	Blending other gallons Column c. Format 9(9)V9.
35	251 - 256	6	A	FILLER	Space fill.

* PRODUCT CODE

 GAS - GASOLINE
 ETH - ETHANOL/ALCOHOL
 GHF - GASOHOL



Schedule M — Special Fuels

Attach to Form RMFT-5

MFT, UST, and EIF Products Used for Blending

Step 1: Complete the following information

Company name Test Oil Co. (8)

Your license number D-02345 (1)

Reporting period 1 / 0 / 2 0 / 0 / 7 (9)
Month Year

Do not report gasoline blending on this schedule. Use Schedule M—Gasoline.

Step 2: Report your blending activity

(If Column 3c or 4b is used, write the exact name of the product on the line provided.)

1	2 Primary product gallons			3 Blending agent gallons			4 Total end product gallons	
	a Undyed Diesel	b Dyed Diesel	c Other (Identify)	a B100/Soy Oil	b 1-K Kerosene	c Other (Identify)	a Bio/Petro Diesel Blend	b Other (Identify)
1	1 0072007	6,675		840			7,515	
2	(19)	(28)		(31)			(23)	

Motor Fuel Uniform Schedules Schedule "M" - Special Fuels (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'MS'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILLER	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	FILLER	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Space fill.

Motor Fuel Uniform Schedules

Schedule "M" - Special Fuels (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
A	102 - 113 Filler	Space fill.			
17	114 - 119	6	N	INVOICE DATE	Zero fill.
18	120 - 131	12	A	INVOICE NUMBER	Space fill.
19	132 - 137	6		BLENDING DATE	Enter a valid date.
			N	132 - 133 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	134 - 135 Month	01 - 12.
N	136 - 137 Day	01 - 31.			
20	138 - 146	9	A	END PRODUCT CODE	Enter 3 character product code. *** If not contained within code table, enter product name.
21	147 - 147	1	A	FILLER	Space fill.
22	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
23	178 - 187	10	N	END PRODUCT GALLONS	Total end product gallons. Format 9(9)V9.
24	188 - 188	1	N	FILLER	Zero fill.
25	189 - 189	1	A	FILLER	Space fill.
26	190 - 198	9	A	PRIMARY PRODUCT CODE	Enter 3 character product code. *** If not contained within code table, enter product name.
27	199 - 199	1	A	FILLER	Space fill.
28	200 - 209	10	N	PRIMARY PRODUCT GALLONS	Primary product gallons. Format 9(9)V9
29	210 - 210	1	A	FILLER	Space fill.
30	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette or CD.
31	212 - 221	10	N	BLENDING AGENT GALLONS Column a	Blending soy gallons Column a. Format 9(9)V9.
32	222 - 231	10	N	BLENDING AGENT GALLONS Column b	Blending 1K gallons Column b. Format 9(9)V9.
33	232 - 240	9	A	BLENDING AGENT NAME Column c	Enter actual product name. If different from soy or 1K.
34	241 - 250	10	N	BLENDING AGENT OTHER Gallons Column c	Blending other gallons Column c. Format 9(9)V9.
35	251 - 256	6	A	FILLER	Space fill.

* PRODUCT CODE

 SPF - UNDYED DIESEL
 DYE - DYED DIESEL
 SOY - SOY OIL/B100/B99.9
 1K - 1-K KEROSENE
 BIO - BIO DIESEL/PETRO BLEND



Schedule GA-1

Attach to Form RMFT-5

Motor Fuel Tax Alcohol, Compressed Gases, or 1-K Kerosene Sold in Illinois as Motor Fuel

Step 1: Complete the following information

Test Oil Co. **(8)**
Company name
 D-02345 **(1)**
Your license number
 Reporting period 0 7/2 0 0 0 **(9)**
Month Year

Check the product type you are listing on this page.

LP gas
 Alcohol **(25)**
 1-k kerosene
 Other (specify: _____)

Step 2: Report your tax-paid sales

1	2	3	4	5	6	7	8	9
Invoice date (month, day, year)	Invoice number	Name of carrier	Bill of lading or manifest number	Name of purchaser	Origin (Illinois cities only)	Destination (Illinois cities only)	Purchaser's license number	Invoiced gallons
07/20/2000	B7890	Transport Co.	L98765	Gas & Oil Co.	Springfield	Springfield	D-04321	7,450
(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "GA-1" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'GA1'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "GA-1" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			A/N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier 'RO' - for retail outlet
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.) If 'RO', enter zeroes.
			N A	101 Code 102 - 113 Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	FILLER	Space fill.
27	211-211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 LPG - LIQUID PROPANE GAS
 1K - KEROSENE
 ALC - ALCOHOL



Schedule DA

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Dyed Diesel Fuel Produced, Acquired, Received, or Transported into Illinois

Step 1: Complete the following information

Gas & Oil Co. **(8)**
 Company name
 D-04321 **(1)**
 Your license number
 Reporting period 07/2000 **(9)**
 Month Year

Check the tax/fee type you are listing on this page.
 MFT-free only
 UST-EIF-free only
 Both MFT- and UST-EIF-free

Check the receipt type you are listing on this page.
 Dyed diesel fuel received in Illinois
 Dyed diesel fuel imported into Illinois **(25)**
 Dyed diesel fuel produced in Illinois

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/18/2000	3579	Transport Co.	K2468	Test Oil Co.	Madison, WI	Rockford	D-02345	20,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "DA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (if '08', must be same as field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'DA'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "DA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		SELLER LICENSE NUMBER	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N A	101 Code 102 - 113 Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N N	116 - 117 Month 118 - 119 Day	01 - 12. 01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N N	134 - 135 Month 136 - 137 Day	01 - 12. 01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 198	10	A	FILLER	Space fill.
25	199 - 199	1	A/N	RECEIPT TYPE	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
26	200 - 210	11	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME 225 - 226 State	Enter origin name. (SPLC)
29	227 - 241	15	A	DESTINATION NAME 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.



Schedule DB

Motor Fuel Tax

Dyed Diesel Fuel sold for Nonhighway Use to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation

Attach to Form RMFT-5 Systems, to Certain Privately Owned Public Utilities

Step 1: Complete the following information

Gas & Oil Co. 8
Company name

S-04321 1
Your license number

Reporting period 0 7 / 2 0 0 0
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/17/2000	12356	Carrier Co.	B9750	ABX Mass Transit	Morris	Monmouth	15,000
2	17	18	29	20	15	27	28	22

Motor Fuel Uniform Schedules Schedule "DB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'DB '.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.

Motor Fuel Uniform Schedules

Schedule "DB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks	
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.	
16	94 - 113	20		PURCHASER LICENSE NUMBER		
			N	94 - 95	Type	Zero fill.
			N	96 - 100	Sequence #	Zero fill.
			N	101	Code	Zero fill.
			A	102 - 113	Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.	
			N	114 - 115	Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117	Month	01 - 12.
			N	118 - 119	Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.	
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.	
			N	132 - 133	Year	
			N	134 - 135	Month	01 - 12.
			N	136 - 137	Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.	
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.	
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.	
23	188 - 188	1	N	FILLER	Zero fill.	
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.	
25	190 - 210	21	A	FILLER	Space fill.	
26	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.	
27	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.	
				212 - 224	City	
				225 - 226	State	
28	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.	
				227 - 239	City	
				240 - 241	State	
29	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.	

Step 1: Complete the following information

Gas & Oil Co. (8)
 Company name
 D-04321 (1)
 Your license number
 MO (26)
 Name of state into which shipments were made
 Reporting period 07/2000 (9)
 Month Year

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07162000	9531	Transport, Inc.	B6930	Test Oil Co.	Springfield	St. Louis, MO	9,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(22)

Motor Fuel Uniform Schedules
Schedule "DC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'DC'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.

Motor Fuel Uniform Schedules

Schedule "DC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 208	19	A	FILLER	Space fill.
26	209-210	2	A	EXPORT STATE	Enter valid postal abbreviation for the export state.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.



Schedule DD

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Dyed Diesel Fuel Sold and Distributed

Tax- and Fee-Free in Illinois to Licensed Distributors or Suppliers

Step 1: Complete the following information

Test Oil Co. **(8)**
 Company name
 D-02345 **(1)**
 Your license number
 Reporting period 07/2000 **(9)**
 Month Year

(23)

Check the tax/fee type you are listing on this page.

- MFT-free only
 UST-EIF-free only
 Both MFT- and UST-EIF-free

Step 2: Report your tax- and fee-free sales and distributions

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/18/2000	3579	AB Carrier	K2468	Gas & Oil Co.	Peoria	Morton	D-04321	20,000
2	(17)	(18)	(28)	(20)	(15)	(26)	(27)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "DD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'DD'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "DD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N A	101 Code 102 - 113 Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: Enter year 2000 as '00'.
			N N	116 - 117 Month 118 - 119 Day	01 - 12. 01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N N	134 - 135 Month 136 - 137 Day	01 - 12. 01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Free only 2 - UST-/EIF-Free only 3 - Both MFT- and UST-/EIF-Free
24	189 - 210	22	A	FILLER	Space fill.
25	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
26	212 - 226	15	A	ORIGIN NAME 212 - 224 City 225 - 226 State	Enter origin name. Space fill after complete name.
27	227 - 241	15	A	DESTINATION NAME 227 - 239 City 240 - 241 State	Enter destination name. Space fill after complete name.
28	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

Step 1: Complete the following information

Gas & Oil Co. (8)
 Company name
 D-04321 (1)
 Your license number
 Reporting period 07/2000 (9)
 Month Year

Step 2: Report your tax-free sales

Use these fuel use codes for Column 3:

A - Agriculture C - Construction F - Refrigeration H - Home heating I - Industrial L - Lawn M - Marine R - Railroad O - Other (Identify)

	1 Name of purchaser	2 Address of purchaser (street address, city, state, ZIP)	3 Fuel use code	4 Total monthly gallons
1	Good Food, Inc.	1215 W. Adams Springfield, IL	A	2,000
2	(15)	(28)	(24)	(22)

Motor Fuel Uniform Schedules
Schedule "DD-1" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type 3 - 7 Sequence # 8 Code 9 - 17 Filler	Enter filer license type. '01' - for distributor '02' - for supplier Filer license number. (Leading zeroes, if 4 digit license number.) Zero fill. Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'DD1'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year 50 - 51 Month	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'. 01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Space fill.
12	61 - 66	6	N	ORIGIN CODE	Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "DD-1" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6	N	INVOICE DATE	Zero fill.
18	120 - 131	12	A/N	INVOICE NUMBER	Space fill.
19	132 - 137	6	N	BILL OF LADING DATE	Zero fill.
20	138 - 147	10	A/N	BILL OF LADING	Space fill.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	FUEL USAGE CODE	Enter 1 character usage code: 'A' - Agriculture 'C' - Construction 'F' - Refrigeration 'H' - Home heating 'I' - Industrial 'L' - Lawn 'M' - Marine 'R' - Railroad 'O' - Other
25	190 - 198	9		FUEL USAGE DESCRIPTION	If fuel usage code is 'O', specify other fuel usage description.
26	199 - 210	12	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	PURCHASER STREET ADDRESS	Enter street address of purchaser.
29	227 - 241	15	A	PURCHASER CITY & STATE	Enter city & state of purchaser.
				227 - 239 City	Enter city of purchaser.
				240 - 241 State	Enter state of purchaser.
30	242 - 256	15		PURCHASER ZIP CODE	Enter zip code of purchaser.
			N	242 - 246 Zip code	Enter 5 digit zip code.
			N	247 - 250 Zip + 4 code	Enter 4 digit code if known, else zero fill.
				251 - 256 Filler	Space fill.



Schedule LA

Attach to Form RMFT-5-US

UST and EIF

Fuels Other Than Gasoline Products and Special Fuels Produced, Acquired, Received, or Transported into Illinois

Step 1: Complete the following information

Gas & Oil Co. 8
Company name
 R-14321 1
Your license number
 Reporting period 0 7/2 0 0 0 9
Month Year

26

- Check the receipt type you are listing on this page.
- Other fuel products received in Illinois
- Other fuel products imported into Illinois
- Other fuel products produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Product code (see instr.)	6 Name of seller	7 Origin (city and state)	8 Destination (Illinois cities only)	9 Seller's license number	10 Invoiced gallons
1	07/17/2000	A1443	Shipping Co.	C19677	1-K	Test Oil Co.	Detroit, MI	Chicago	R-12345	11,000
	17	18	31	20	25	15	29	30	16	22

Motor Fuel Uniform Schedules Schedule "LA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type 3 - 7 Sequence # 8 Code 9 - 17 Filler	Enter filer license type. '08' - for receiver Filer license number. (Leading zeroes, if 4 digit license number.) Zero fill. Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'LA'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year 50 - 51 Month	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'. 01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks	
16	94 - 113	20		SELLER LICENSE NUMBER		
			N	94 - 95	Type	Enter seller license type. '08' - for receiver
			N	96 - 100	Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101	Code	Zero fill.
17	114 - 119	6	A	102 - 113	Filler	Space fill.
				INVOICE DATE		Enter a valid date.
			N	114 - 115	Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
18	120 - 131	12	N	116 - 117	Month	01 - 12.
			N	118 - 119	Day	01 - 31.
			A/N	INVOICE NUMBER		Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE		Enter a valid date.
			N	132 - 133	Year	
			N	134 - 135	Month	01 - 12.
20	138 - 147	10	N	136 - 137	Day	01 - 31.
			A/N	BILL OF LADING		Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
			N	FILLER		Not used by IDOR. Zero fill.
21	148 - 177	30	N	FILLER		Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS		Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER		Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR		Space fill.
25	190 - 198	9	A	PRODUCT CODE		Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 199	1	A/N	RECEIPT TYPE		Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
27	200 - 210	11	A	FILLER		Space fill.
28	211 - 211	1	A	MEDIA CODE		Enter 'D' for diskette.
29	212 - 226	15	A	ORIGIN NAME		Enter origin name. Space fill after complete name.
30	227 - 241	15		212 - 224	City	
				225 - 226	State	
			A	DESTINATION NAME		Enter destination name. Space fill after complete name.
31	242 - 256	15		227 - 239	City	
				240 - 241	State	
			A	CARRIER NAME		Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 AVI - Aviation
 1K - Kerosene

**UST/EIF Exemption for Sales of
 Aviation Fuels, Kerosene, and Diesel Fuel**

Step 1: Complete the following information

Test Oil Co. 8
 Company name
 R-12345 1
 Your license number
 Reporting period 07/2000 9
 Month Year

25

- Check the product type you are listing on this page.
- Diesel fuel sold to railroads
 - Diesel fuel sold to qualified ships, barges, and vessels
 - Kerosene sold to qualified air carriers
 - Aviation fuel sold to qualified air carriers
 - 1-k kerosene sold to qualified air carriers

Step 2: Report your exempt sales

	1 Invoice date <small>(month, day, year)</small>	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Airport name <small>(sales to air carriers only)</small>	7 Destination <small>(Illinois cities only)</small>	8 Invoiced gallons
1	07/01/2000	CA2435	ABC Trucking	BL14589	Deisel Co.		Quincy	8,000
2	17	18	30	20	15	28	29	22

**Motor Fuel Uniform Schedules
 Schedule "LB" (ENTRY) Record**

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'LB'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	AIRPORT NAME	Enter airport name if sold to air carrier. Space fill after carrier, or barge, space fill.
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City 240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 DSL - Diesel
 1K - Kerosene
 KER - Kerosene
 AVI - Aviation



Schedule LC

Attach to Form RMFT-5-US

UST and EIF

Sales and Transfers of Fuels Other Than Gasoline Products and Special Fuels Delivered to Points Outside of Illinois

Step 1: Complete the following information

Test Oil Co. 8
Company name
 R-12345 1
Your license number
 MO 27
Name of state into which shipments were made
 Reporting period 08/2000 9
Month Year

25

Check the product type you are listing on this page.

Aviation fuel

1-k kerosene

Other (specify: _____)

Step 2: Report your exported gallons

	1 <small>Invoice date (month, day, year)</small>	2 <small>Invoice number</small>	3 <small>Name of carrier</small>	4 <small>Bill of lading or manifest number</small>	5 <small>Name of purchaser</small>	6 <small>Origin (Illinois cities only)</small>	7 <small>Destination (city and state)</small>	8 <small>Invoiced gallons</small>
1	0801/2000	89B24	BDF Trucking	BL4123	Gas & Oil Co.	Galesburg	St. Louis, MO	4,550
2	17	18	31	20	15	29	30	22

Motor Fuel Uniform Schedules Schedule "LC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'LC'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 208	10	A	FILLER	Space fill.
27	209 - 210	2	A	EXPORT STATE	Enter valid postal abbreviation for the export state.
28	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
29	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
30	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
31	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 1K - Kerosene
 AVI - Aviation



Schedule LD

Attach to Form RMFT-5-US

UST and EIF

Fuels Other Than Gasoline Products and Special Fuels Sold Tax- and Fee-Free to Other Licensed Receivers in Illinois

Step 1: Complete the following information

Test Oil Co. **(8)**
 Company name
 R-12345 **(1)**
 Your license number
 Reporting period 07/2000 **(9)**
 Month Year

(25)

Check the product type you are listing on this page.

- Aviation fuel
- 1-k kerosene
- Other (specify: _____)

Step 2: Report your tax- and fee-free sales

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/17/2000	A1244	Trucking Co.	C19578	Gas & Oil Co.	Rock Island	Macomb	R-14321	11,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "LD" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		FILER LICENSE	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'LD'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		LIABILITY DATE	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'. 01 - 12.
			N	48 - 49 Year	
			N	50 - 51 Month	
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Enter purchaser license type. '08' - for receiver
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
17	114 - 119	6	A	102 - 113 Filler	Space fill.
				INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
18	120 - 131	12	N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
			A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
20	138 - 147	10	N	136 - 137 Day	01 - 31.
			A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
			N	FILLER	Not used by IDOR. Zero fill.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 AVI - Aviation
 1K - Kerosene



Schedule LE

Attach to Form RMFT-5-US

UST and EIF Tax- and Fee-Paid Purchases of the Fuel Types Subject Only to UST/EIF

Step 1: Complete the following information

Test Oil Co. **(8)**
Company name

R-12345 **(1)**
Your license number

Reporting period 0 7 2 0 0 0 **(9)**
Month Year

(25)

Check the product type you are listing on this page.

- Aviation fuel
- 1-K kerosene
- Dyed diesel fuel
- Other (specify: _____)

Step 2: Report your tax- and fee-paid purchases

	1 <small>Invoice date (month, day, year)</small>	2 <small>Invoice number</small>	3 <small>Name of carrier</small>	4 <small>Bill of lading or manifest number</small>	5 <small>Name of seller</small>	6 <small>Origin (Illinois cities only)</small>	7 <small>Destination (Illinois cities only)</small>	8 <small>Seller's license number</small>	9 <small>Invoiced gallons</small>
1	07/23/2000	A4413	ABC Trucking	BL145	Aviation Fuel Co.	Carbondale	Springfield	R-15432	100,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "LE" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		FILER LICENSE	
			N	1 - 2 Type	Enter filer license type. '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'LE' .
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		LIABILITY DATE	
			N	48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "LE" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		SELLER LICENSE NUMBER	
			N	94 - 95 Type	Enter seller license type: '08' - for receiver
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N	101 Code	Zero fill.
17	114 - 119	6	A	102 - 113 Filler	Space fill.
				INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
18	120 - 131	12	N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
			A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
20	138 - 147	10	N	136 - 137 Day	01 - 31.
			A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
			N	FILLER	Not used by IDOR. Zero fill.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	FILLER	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 1K - Kerosene
 AVI - Aviation
 DYE - Dyed Diesel



Schedule SA

Attach to Form RMFT-5 or Form RMFT-5-US

MFT, UST, and EIF Special Fuel (Excluding Dyed Diesel Fuel)

Produced, Acquired, Received, or Transported into Illinois

Step 1: Complete the following information

Gas & Oil Co. **(8)**

Company name

D-04321 **(1)**

Your license number

Reporting period 07/2000 **(9)**

Month Year

(23) Check the tax/fee type you are listing on this page.

- MFT-free only
- UST-/EIF-free only
- Both MFT- and UST-/EIF-free

(25) Check the receipt type that you are listing on this page.

- Received in Illinois
- Imported into Illinois
- Produced in your Illinois refinery

Step 2: Report your tax- and fee-free purchases

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of seller	6 Origin (city and state)	7 Destination (Illinois cities only)	8 Seller's license number	9 Invoiced gallons
1	07/18/2000	3579	Transport Co.	K2468	Test Oil Co.	Madison, WI	Rockford	D-02345	20,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(16)	(22)

Motor Fuel Uniform Schedules Schedule "SA" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (if '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'SA'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SA" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		SELLER LICENSE NUMBER	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N A	101 Code 102 - 113 Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	TAX TYPE	Enter tax type 1 - MFT-Free only 2 - UST-EIF-Free only 3 - Both MFT- and UST-EIF-Free
24	189 - 198	10	A	FILLER	Space fill.
25	199 - 199	1	A/N	RECEIPT TYPE	Enter schedule gallon type. '1' - Illinois receipts '2' - Imported '3' - Produced
26	200 - 210	11	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. SPLC
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.



Schedule SB

Special Fuel (Excluding Dyed Diesel Fuel) Sold to the Federal Government, Authorized Foreign Diplomats, Municipal Corporations Owning and Operating Local Transportation Systems, to Certain Privately Owned Public Utilities and Non-Recreational Type Watercraft

Attach to Form RMFT-5

Step 1: Complete the following information

Gas & Oil Co. 8
Company name
 D-04321 1
Your license number
 Reporting period 07/2000 9
Month Year

Step 2: Report your nontaxable sales to the federal government, authorized foreign diplomats, etc.

	1 Invoice date (month, day, year)	2 Invoice or serial number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Invoiced gallons
1	07/17/2000	12356	Carrier Co.	B9750	ABX Mass Transit	Morris	Monmouth	15,000
2	17	18	29	20	15	27	28	22

Motor Fuel Uniform Schedules Schedule "SB" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		FILER LICENSE 1 - 2 Type N 3 - 7 Sequence # N 8 Code A 9 - 17 Filler	Enter filer license type. '01' - for distributor '02' - for supplier Filer license number. (Leading zeroes, if 4 digit license number.) Zero fill. Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'SB'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		LIABILITY DATE N 48 - 49 Year N 50 - 51 Month	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'. 01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SB" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 210	21	A	FILLER	Space fill.
26	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
27	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
28	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
29	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.



Schedule SC

Attach to Forms RMFT-5 and Form RMFT-5-US

MFT, UST, and EIF

Sales and Transfers of Special Fuel (Excluding Dyed Diesel Fuel)

Delivered to Points Outside of Illinois

Step 1: Complete the following information

Gas & Oil Co.	(8)
<small>Company name</small>	
D-04321	(1)
<small>Your license number</small>	
MO	(26)
<small>Name of state into which shipments were made</small>	
Reporting period 0 7 2 0 0 0	(9)
<small>Month Year</small>	

Step 2: Report your exported gallons

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (city and state)	8 Invoiced gallons
1	07/16/2000	9531	Transport, Inc.	B6930	Test Oil Co.	Springfield	St. Louis, MO	9,000
2	(17)	(18)	(30)	(20)	(15)	(28)	(29)	(22)

Motor Fuel Uniform Schedules Schedule "SC" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'SC'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SC" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Zero fill.
			N	96 - 100 Sequence #	Zero fill.
			N	101 Code	Zero fill.
			A	102 - 113 Filler	Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	FILLER	Zero fill.
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 208	19	A	FILLER	Space fill.
26	209 - 210	2	A	EXPORT STATE	Enter valid postal abbreviation for the export state.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15		ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15		DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

Step 1: Complete the following information

Test Oil Co. (8)
 Company name
 D-02345 (1)
 Your license number
 Reporting period 07/2000 (9)
 Month Year

(23)
 Check the tax/fee type you are listing on this page.
 MFT-free only
 UST-/EIF-free only
 Both MFT- and UST-/EIF-free

Step 2: Report your tax- and fee-free sales and distributions

	1 Invoice date (month, day, year)	2 Invoice number	3 Name of carrier	4 Bill of lading or manifest number	5 Name of purchaser	6 Origin (Illinois cities only)	7 Destination (Illinois cities only)	8 Purchaser's license number	9 Invoiced gallons
1	07/18/2000	3579	AB Carrier	K2468	Gas & Oil Co.	Peoria	Morton	D-04321	20,000
2	(17)	(18)	(28)	(20)	(15)	(26)	(27)	(16)	(22)

**Motor Fuel Uniform Schedules
 Schedule "SD" (ENTRY) Record**

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'SD'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	PURCHASER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	PURCHASER NAME	Name of the purchaser. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SD" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		PURCHASER LICENSE NUMBER	
			N	94 - 95 Type	Enter purchaser license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Purchaser license number. (Leading zeroes, if 4 digit license number.)
			N A	101 Code 102 - 113 Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Free only 2 - UST-EIF-Free only 3 - Both MFT- and UST-EIF-Free
24	189 - 210	22	A	FILLER	Space fill.
25	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
26	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City 225 - 226 State	
27	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City 240 - 241 State	
28	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

MFT, UST, and EIF
Tax- and Fee-Paid Purchases of
Special Fuel (Excluding Dyed Diesel Fuel)

Step 1: Complete the following information

Gas & Oil Co. 8 23 25
 Company name
 D-04321 1
 Your license number
 Reporting period 0 7 2 0 0 0 9
 Month Year
 MFT-paid only
 UST-EIF-paid only
 Both MFT- and UST-EIF-paid
 Special fuel (excluding dyed diesel fuel)
 1-K kerosene
 Other (specify: _____)

Step 2: Report your tax- and fee-paid purchases

1	2	3	4	5	6	7	8	9
Invoice date (month, day, year)	Invoice number	Name of carrier	Bill of lading or manifest number	Name of seller	Origin (Illinois cities only)	Destination (Illinois cities only)	Seller's license number	Invoiced gallons
07/10/2000 17	5134 18	Fuel Carrier Co. 30	K5134 20	XYZ Oil Co. 15	Rock Island 28	Metropolis 29	S-02316 16	8,500 22

Motor Fuel Uniform Schedules
Schedule "SE" (ENTRY) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 16)
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter 'SE'.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'E'.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data 'C' - Correction data 'R' - Reversal data 'N' - Negative data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 60	4	A	CARRIER CODE	Not used. Space fill.
12	61 - 66	6	N	ORIGIN CODE	Not used. Zero fill.
13	67 - 72	6	N	DESTINATION CODE	Not used. Zero fill.
14	73 - 73	1	N	SELLER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
15	74 - 93	20	A/N	SELLER NAME	Name of the seller. Space fill after complete name.

Motor Fuel Uniform Schedules

Schedule "SE" (ENTRY) Record (continued)

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
16	94 - 113	20		SELLER LICENSE NUMBER	
			N	94 - 95 Type	Enter seller license type: '01' - for distributor '02' - for supplier '08' - for receiver (If '08', must be same as Field 01)
			N	96 - 100 Sequence #	Seller license number. (Leading zeroes, if 4 digit license number.)
			N A	101 Code 102 - 113 Filler	Zero fill. Space fill.
17	114 - 119	6		INVOICE DATE	Enter a valid date.
			N	114 - 115 Year	Enter last 2 digits only. Example: enter year 2000 as '00'.
			N	116 - 117 Month	01 - 12.
			N	118 - 119 Day	01 - 31.
18	120 - 131	12	A/N	INVOICE NUMBER	Enter an invoice number. Required field. No leading zeroes. Space fill at end.
19	132 - 137	6		BILL OF LADING DATE	Enter a valid date.
			N	132 - 133 Year	
			N	134 - 135 Month	01 - 12.
			N	136 - 137 Day	01 - 31.
20	138 - 147	10	A/N	BILL OF LADING	Enter bill of lading or manifest number. No leading zeroes. Space fill at end.
21	148 - 177	30	N	FILLER	Not used by IDOR. Zero fill.
22	178 - 187	10	N	NET GALLONS	Invoiced gallons. Format 9 (9) V9. See instructions on Page 7.
23	188 - 188	1	N	TAX TYPE	Enter tax type. 1 - MFT-Paid only 2 - UST-EIF-Paid only 3 - Both MFT- and UST-EIF-Paid
24	189 - 189	1	A	STORAGE PERMIT INDICATOR	Space fill.
25	190 - 198	9	A	PRODUCT CODE	Enter 3 character product code. * If not contained within code table, enter product name.
26	199 - 210	12	A	FILLER	Space fill.
27	211 - 211	1	A	MEDIA CODE	Enter 'D' for diskette.
28	212 - 226	15	A	ORIGIN NAME	Enter origin name. Space fill after complete name.
				212 - 224 City	
				225 - 226 State	
29	227 - 241	15	A	DESTINATION NAME	Enter destination name. Space fill after complete name.
				227 - 239 City	
				240 - 241 State	
30	242 - 256	15	A	CARRIER NAME	Enter carrier name. Space fill after complete name.

* PRODUCT CODE

 SPF - Special fuel (excluding dyed diesel)
 1K - Kerosene

Motor Fuel Uniform Schedules

Total "S" (SCHEDULE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Enter schedule type being totalled.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter an 'S' for schedule type total record.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 71	15	N	FILLER	Not used by IDOR. Zero fill.
12	72 - 86	15	N	FILLER	Not used by IDOR. Zero fill.
13	87 - 101	15	N	FILLER	Not used by IDOR. Zero fill.
14	102 - 116	15	N	SCHEDULE NET GALLONS	Total invoiced gallons from the specified schedule type. Format 9 (14) V9. See instructions on Page 7.
15	117 - 126	10	A	FILLER	Space fill.
16	127 - 136	10	N	TOTAL ORIGINAL ENTRIES	Total of all original entry records for this schedule type.
17	137 - 146	10	N	TOTAL CORRECTION ENTRIES	Total of all correction entry records for this schedule type.
18	147 - 156	10	N	TOTAL REVERSAL ENTRIES	Total of all reversal entry records for this schedule type.
19	157 - 166	10	N	TOTAL NEGATIVE ENTRIES	Total of all negative entry records for this schedule type.
20	167 - 256	90	A	FILLER	Space fill.

Motor Fuel Uniform Schedules

Total "V" (LICENSE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17	N	FILER LICENSE 1 - 2 Type	Enter filer license type. '01' - for distributor '02' - for supplier '08' - for receiver
			N	3 - 7 Sequence #	Filer license number. (Leading zeroes, if 4 digit license number.)
			N	8 Code	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Space fill.
3	21 - 22	2	A	FILER PERMIT KIND	Not used by IDOR. Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Not used by IDOR. Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter a 'V' for license total record.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Not used by IDOR. Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4	N	LIABILITY DATE 48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 71	15	N	FILLER	Not used by IDOR. Zero fill.
12	72 - 86	15	N	FILLER	Not used by IDOR. Zero fill.
13	87 - 101	15	N	FILLER	Not used by IDOR. Zero fill.
14	102 - 116	15	N	LICENSE NET GALLONS	Total invoiced gallons from all schedules for this license. Format 9 (14) V9. See instructions on Page 7.
15	117 - 126	10	A	FILLER	Space fill.
16	127 - 136	10	N	TOTAL ORIGINAL ENTRIES	Total of all original entry records for this license.
17	137 - 146	10	N	TOTAL CORRECTION ENTRIES	Total of all correction entry records for this license.
18	147 - 156	10	N	TOTAL REVERSAL ENTRIES	Total of all reversal entry records for this license.
19	157 - 166	10	N	TOTAL NEGATIVE ENTRIES	Total of all negative entry records for this license.
20	167 - 256	90	A	FILLER	Space fill.

Motor Fuel Uniform Schedules

Total "Z" (FILE TOTAL) Record

Buffer: 256 FIXED LENGTH

Field #	Position	Length	Type	Field Description	Remarks
1	1 - 17	17		FILER LICENSE	
			N	1 - 8 Filer License	Zero fill.
			A	9 - 17 Filler	Space fill.
2	18 - 20	3	A	IDOR SCHEDULE TYPE	Space fill.
3	21 - 22	2	A	FILER PERMIT KIND	Space fill.
4	23 - 24	2	N	FILER LICENSE YEAR	Zero fill.
5	25 - 25	1	A	RECORD TYPE	Entry type. Enter a 'Z' for file total record.
6	26 - 26	1	A	FILING INDICATOR	Transaction type indicator. 'O' - Original data
7	27 - 27	1	N	FILER PETRODEX INDICATOR	Zero fill.
8	28 - 47	20	A/N	FILER NAME	Complete name of the filer. Space fill after complete name.
9	48 - 51	4		LIABILITY DATE	
			N	48 - 49 Year	Enter valid date. Enter last 2 digits only. Example: Enter Year 2000 as '00'.
			N	50 - 51 Month	01 - 12.
10	52 - 56	5	A	FILLER	Space fill.
11	57 - 71	15	N	FILLER	Zero fill.
12	72 - 86	15	N	FILLER	Not used by IDOR. Zero fill.
13	87 - 101	15	N	FILLER	Not used by IDOR. Zero fill.
14	102 - 116	15	N	FILE NET GALLONS	Total invoiced gallons from all schedules on the file. Format 9(14) V9. See instructions on Page 7.
15	117 - 126	10	A	FILLER	Space fill.
16	127 - 136	10	N	TOTAL ORIGINAL ENTRIES	Total of all original entry records for this file.
17	137 - 146	10	N	TOTAL CORRECTION ENTRIES	Total of all correction entry records for this file.
18	147 - 156	10	N	TOTAL REVERSAL ENTRIES	Total of all reversal entry records for this file.
19	157 - 166	10	N	TOTAL NEGATIVE ENTRIES	Total of all negative entry records for this file.
20	167 - 256	90	A	FILLER	Space fill.



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