R-5347 (9/17) **Batch Type** 903 or 904

LOUISIANA
DEPARTMENT *of* REVENUE

Aviation Fuel Dealer Quarterly Return

Mail To:
Louisiana Department of Revenue
P.O. Box 201
Baton Rouge, LA 70821-0201
(855) 307-3893

O If your name has changed, fill in circle.

O If amended return, fill in circle.

O If final return, fill in circle.

Account Number:

Name (1):

Name (2):

Address (1):

Address (2):

City, State ZIP:

FOR OFFICE USE ONLY. Field flag

Filing Period _____ MM/YY

FEIN _____

AF

	Transactions for the Quarter	A Aviation Gasoline	B Aviation Jet Fuel	
1	Actual beginning inventory			
2	Total receipts (Sch. A - R-5291)			
3	Total gallons available for removal (Add Line 1 and Line 2)			
4	Total gallons exported (Sch. B - R-5290)			
5	Total gallons sold for or used in aircraft (Sch. B - R-5290)			
6	Total gallons sold/used for purposes other than aircraft (Sch. B - R-5290)			
7	Total disbursements (Add Lines 4, 5, and 6)			
8	Net accountable gallons (Subtract Line 7 from Line 3)			
9	Actual ending inventory			
10	Inventory variation - gain			
11	Inventory variation - loss			
12	**Penalty Amount Due** (If not filed within 30 days from due date, penalty of $100 is due.) Make payment payable to: **Louisiana Department of Revenue** and mail return and payment to the address above. **Do not send cash. Pay this amount.**		$	00

This return is due on or before the 25th day of the month following the period covered. If the due date falls on a weekend or legal holiday, the return is due the next business day.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature		Date *(mm/dd/yyyy)*
Print Name	Title	Telephone

PAID PREPARER USE ONLY	Print Preparer's Name	Preparer's Signature	Date *(mm/dd/yyyy)*	Check ☐ if Self-employed	PTIN
	Firm's Name ➤			Firm's EIN ➤	
	Firm's Address ➤			Telephone ➤	

Complete only if change in business status has occurred. Please print or type.

Date business discontinued *(mm/dd/yyyy)*	Date business sold *(mm/dd/yyyy)*	Name of purchaser

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