



- If your name has changed, mark circle.
- If your address has changed, mark circle.
- If amended return, mark circle.
- If final return, mark circle.

TERMINAL OPERATOR ANNUAL REPORT

Mail to:
 Louisiana Department of Revenue
 P. O. Box 201
 Baton Rouge, LA 70821-0201
 (225) 219-7656 (225) 219-2114 (TDD)

FOR OFFICE USE ONLY. Field flag

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Filing Period MM/YY FEIN TCN

TOA

Computation of Unaccounted For Losses		A Gasohol	B Gasolines	C Undyed Diesel Fuels	D Dyed Diesel Fuels	E Aviation Fuels
1	Actual beginning inventory					
2	Total receipts (Sch. K – R-5386)					
3	Stock gains (Sch. L – R-5387)					
4	Gallons available (Add Lines 1, 2, & 3.)					
5	Fuel removed from terminal across rack (Sch. M – R-5388)					
6	Fuel removed from terminal as a bulk transfer (Sch. M – R-5388)					
7	Accounted for losses (Sch. N – R-5389)					
8	Stock losses (Sch. L – R-5387)					
9	Disbursements (Add Lines 5, 6, 7, & 8.)					
10	Computed ending inventory (Subtract Line 9 from Line 4.)					
11	Actual ending inventory					
12	Unaccounted for loss					
13	Loss allowance (Line 9 X .005.)					
14	Taxable unaccounted for loss					
15	Tax due (Line 14 X \$.20.)	00	00	00	00	
16	Inspection fee due (Line 14 X \$.00125.)	00	00	00	00	00
17	Total Tax and Fee Due (Add Line 15 and Line 16.)	00	00	00	00	00
18	Total Due (Add Columns A through E, Line 17.)				18 \$	00
19	Penalty (See instructions.)				19 \$	00
20	Interest (See instructions.)				20 \$	00
21	Total Amount Due (Enter the total of Lines 18, 19, and 20.) Make payment to: Louisiana Department of Revenue. Do not send cash. PAY THIS AMOUNT.				21 \$	00

This report and payment are due on or before the last day of February and becomes delinquent on the first day thereafter. If the due date falls on a weekend or legal holiday, the report is due the next business day.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported of which he has any knowledge.

Date	Signature	Title	Telephone Number
Date	Signature of preparer other than taxpayer	Preparer ID	Telephone Number

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

Date business discontinued	Date business sold	Name of purchaser
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