



**TERMINAL OPERATOR
MONTHLY RETURN**

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

Filing Period _____ FEIN _____ TCN _____
MM/YY

TOM

Transactions for the Month	A Gasohol	B Gasoline	C Undyed Diesel Fuels	D Dyed Diesel Fuels	E Aviation Fuels
1 Actual beginning inventory (Sch. H – R-5394)					
2 Total receipts (Sch. I – R-5395)					
3 Total gallons available (Add Lines 1 and 2.)					
4 Losses reported during period (Attach copies of notifications.)					
5 Total disbursements (Sch. J – R-5396)					
6 Computed ending inventory (Subtract Lines 4 and 5 from Line 3.)					
7 Actual Ending inventory (Sch. H – R-5394)					
8 Stock gain (See instructions.)					
9 Stock loss (See instructions.)					
10 Penalty Amount Due (If not filed within 30 days from due date, penalty of \$100 is due.) Make payment to: Louisiana Department of Revenue. Do not send cash. PAY THIS AMOUNT.				10 \$	00

This return is due on or before the 20th 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 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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