R-5434 (7/06)

LDR
Louisiana Department of Revenue

Notification of Loss of Motor Fuel

Mail to:
Office Audit Division
P. O. Box 66362
Baton Rouge, LA 70896-6362
(225) 219-2270 (225) 219-2114 (TDD)
(225) 219-2267 (Fax)

See instructions on reverse side – round to whole gallons.

Company's name	LA Revenue Account Number	FEIN/SSN		TCN	Month/Year
Location Address	City	State	ZIP	Telephone Number	
Mailing Address	City	State	ZIP	Fax Number	

Exact Location of Loss – If loss occurred while in transit or at time of unloading, give invoice or manifest number below and attach copy to this claim.

CAUSE OF LOSS

PRODUCT CODE

065 – Gasoline
123 – Alcohol
124 – Gasohol
125 – Aviation Gasoline
142 – Clear Kerosene
160 – Clear Diesel Fuel
284 – Bio-Diesel
130 – Jet Fuel
072 – Dyed Kerosene
228 – Dyed Diesel Fuel
Other _____

Date of Loss	Date of Manifest	Manifest Number	Gallons Listed on Manifest	Owner of Fuel Company, City, State	Product Code	Number of Net Gallons Lost
				TOTAL GALLONS LOST		

Under the penalties of perjury, I declare that I have examined this notification, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Company Official	Date	Telephone number
Print Name	Title	

Department Use Only

Approved by:	Date Approved: