

Division use only — DLN Stamp

Division use only — Date Stamp



# State of New Jersey

Attach to Form RMF-10

Period	
<i>mm</i>	<i>yyyy</i>

Pursuant to NJSA 54:39-101 et seq  
01-2011

<b>RMF516</b>	<b>Consumer's Tax Liability</b>
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Taxpayer Name

Taxpayer ID Number

	Date	Seller Name & Address	Product	Gallons	Rate	Tax Liability
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Total Tax Liability

Report this amount on RMF-10, Line 16