GA-1A
2-98, R-2

State of New Jersey
DIVISION OF TAXATION
MOTOR FUEL TAX

SCHEDULE * _____

PRODUCT CODE ** _____

MULTIPLE SCHEDULE OF GASOLINE RECEIPTS

(Use a separate form for each schedule and product)

FID No. _____

Company Name _____ Month of _____ 20 _____

*** TYPE OF SCHEDULE**

1. Gallons Received - Tax Paid
2. Gallons Received from Licensed Motor Fuel Distributors & Jobbers - Tax Unpaid
3. Gallons Imported from Another State Direct to Customers
4. GAllons Imported from Another State into Tax Free Storage
5. Other Receipts

**** PRODUCT CODE (PC) - TYPE OF PRODUCT**

A - Gasoline
B - Alcohol/Gasoline
C - Aviation Gasoline
D - Quantity Extender
E - Other (Identify)

(1) Name of Carrier	(2) Origin	(2) Destination	(3) Acquired From	(4) Seller Federal ID No.	(5) Date MM / DD / YY	(6) Invoice or Document No.	(7) Gallons
All Columns must be completed for each transaction . . . . . TOTAL							

THIS FORM MAY BE REPRODUCED