

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Send Report and all Schedules to:

Revenue Processing Center
PO Box 243
Trenton, NJ 08646-0243

Month

Year

Pursuant to NJSA 54:39-101 et seq
10-2010

SMF - 10

Supplier of Motor Fuels Report

Taxpayer Name

Taxpayer ID #

Address

City

State

Zip Code

Check Type of License Held

Motor Fuels Supplier

Permissive Motor Fuels Supplier

1	Net tax due for Gasoline From Form SMF100 Line 16	\$
2	Net Tax due for Diesel & Kerosene From Form SMF100 Line 16	\$
3	Net Tax due for LPG LPG Gallons _____ X \$0 .0525 enter result here	\$
4	Net Airport Safety Tax Due From Form SMF400 Line18	\$
5	Total Tax Due	\$
6	Penalty and Interest Due	\$
7	Total Amount Due	\$

By signing, I declare under the penalties provided by the law that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

If the return is prepared by a person other than the Taxpayer, this declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

--	--	--

Signature of individual Filing this Report

Company

Date

--	--	--

Signature of Taxpayer or Authorized Officer

Title

Date

Division use only — DLN Stamp



State of New Jersey

Attach to:

FORM SMF10, SUPPLIER OF MOTOR FUELS REPORT

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF100

Supplier Schedule of Motor Fuels Tax Due

Supplier _____

Supplier ID # _____

Tax-free Sales & Movements - in Gallons		(Column A) Gasoline	(Column B) Diesel and Kerosene
1	Sales made to Government Entities - (attach forms SMF101 & SMF201)		
2	Exported Directly from the Rack - (attach forms SMF102 & SMF202)		
3	Exempt Sales or Movements of Aviation Fuel - (attach forms SMF 112A, 112B, 112C, 212A, 212B, & 212C)		
4	Dyed Diesel and Kerosene Sales - (attach form SMF209)		
5	Other Exempt Sales - (attach forms SMF103 & SMF203)		
6	Total Exempt Sales - Total Lines 1 through 5		
Taxable Sales & Movements - in Gallons			
7	Taxable Sales destined for New Jersey originating in State - (attach forms SMF104 & SMF204)		
8	Taxable Sales destined for New Jersey originating outside of New Jersey - (attach forms SMF105 & SMF205)		
9	Diversion Correction - Diversions out of New Jersey - (attach forms SMF110 & SMF210)	()	()
10	Diversion Correction - Diversions into New Jersey - (attach forms SMF111 & SMF211)		
11	Total Taxable Sales - Total of lines 7 through 10		
Calculation of Tax		\$0.1050	\$0.1350
12	Tax Liability - Multiply line 11 by Tax Rate		
13	Credit for previous month's overpayment - From Line 17 of last month's return	()	()
14	Credit for Delinquent Distributors - (attach forms SMF107 & SMF207)	()	()
15	Credit for Gallons of Fuel Purchased with Tax Included - (attach forms SMF108 & SMF208)	()	()
16	Tax Due - Subtract lines 13, 14, & 15 from line 12, If amount is less than zero enter 0		
17	Amount to Credit to Next Period - If amount on line 16 is less than zero enter amount here		

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF101

Schedule of Gasoline Sales To Government Entities

Supplier _____

Page _____ of _____

Supplier FID # _____

Product Code _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 1 SMF100)

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to N.J.S.A. 54:39-101 et seq

10-2010

SMF102

Schedule of Gasoline Exported Directly from the Rack

Supplier _____

Page _____

of _____

Supplier FID # _____

State Exported To _____

Product Code _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 2 SMF100)

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF103

Schedule of Other Exempt Gasoline Sales

Supplier

Page

of

Supplier FID #

Product Code

Reason for Exemption

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons
Page Total												
Schedule Total (report this amount on line 5 SMF100)												

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State of New Jersey

Attach to:

**Form SMF100,
Supplier Schedule of Motor Fuels Tax Due**

Period	
mm	yyyy

Pursuant to N.J.S.A. 54:39-101 et seq

10-2010

SMF112A

Schedule of Aviation Gasoline Delivered to a General Aviation Airport*

Supplier _____

Page _____ of _____

Supplier FID # _____

*Exempt from the \$0.105 per gallon gasoline tax

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 8 SMF400)

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to N.J.S.A. 54:39-101 et seq.

10-2010

SMF112B

Schedule of Aviation Gasoline Delivered to an Int'l Airport*

Supplier _____

Page _____ of _____

Supplier FID # _____

*Exempt from the \$0.105 per gallon gasoline tax and the \$0.02 per gallon AST

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons
Page Total												
Schedule Total (report this amount on line 3 SMF400)												

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF112C

Schedule of Exempt Aviation Gasoline Sales - Licensed Aviation Fuel Dealer*

Supplier _____

Page _____ of _____

Supplier FID # _____

*Exempt from the \$0.105 per gallon gasoline tax and the \$0.02 AST

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons
Page Total												
Schedule Total (report this amount on line 5 SMF400)												

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm	YYYY

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF104 **Schedule of Taxable Gasoline Sales Originating in New Jersey**

Supplier _____ Page _____ of _____

Supplier FID # _____ Product Code _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 7 SMF100)

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State of New Jersey

Attach to:

**Form SMF100,
Supplier Schedule of Motor Fuels Tax Due**

Period

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mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF108

Schedule of Gasoline Purchased with Tax Included

Supplier _____

Supplier FID # _____

Page _____

of _____

Date Shipped	Seller FID Number	Seller	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Product Code	Invoiced Gallons	Tax Rate	Tax Paid
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	
												10.5¢	

Page Total

Schedule Total (report this amount on line 15, form SMF 100)

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm	yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF107

Schedule of Credits for Amounts Due from Delinquent Distributors for Gasoline

Supplier _____ Supplier FID # _____ Page _____ of _____

Date Shipped	Customer FID Number	Delinquent Customer	Document Number	Product Code	Net Gallons	Gross Gallons	Invoiced Gallons	Total Tax Liability from Distributor	Tax Received from Distributor	Tax Outstanding from Distributor
Total Amount of Tax Outstanding Reported on This Page										
Total Amount of All Outstanding Tax Delinquencies (on line 14, form SMF 100)										

Certification of Supplier — The undersigned certifies as follows: The above representations of Qualified Distributors are accurate to the best of my knowledge. My company will not accept delayed remittances from the above Distributor(s) until notice is received from the Division of Taxation of requalification of the Distributor(s). My company will have no protection from assessment of tax, penalty, and interest in the event that the above Distributor(s) make late remittances after the date of this schedule. If the above representations are incorrect for any reason, my company is responsible for payment of the tax, penalties, and interest due for this period.

Signature of Authorized Representative Printed Name of Signatory Title of Signatory Date Signed

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy
Pursuant to NJSA 54:39-101 et seq	
10-2010	

SMF110

Schedule of Gasoline Diversions - Out of New Jersey

Supplier _____ Supplier FID # _____ Page _____ of _____ State Diverted to _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Product Code	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons	Diversion Number

Page Total

Schedule Total (report this amount on line 9, form SMF 100)

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF111	Schedule of Gasoline Diversions - Into New Jersey
---------------	--

Supplier _____ Supplier FID # _____ Page _____ of _____
 State Diverted From _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Product Code	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons	Diversion Number	
Page Total													
Schedule Total (report this amount on line 10, form SMF 100)													

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

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mm

yyyy

Pursuant to N.J.S.A. 54:39-101 et seq.

10-2010

SMF201

Schedule of Diesel & Kerosene Sales To Government Entities

Supplier _____

Page _____

of _____

Supplier FID # _____

Product Code _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Product Code	Net Gallons	Gross Gallons	Invoiced Gallons
Page Total													
Schedule Total (report this amount on line 1, form SMF 100)													

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

YYYY

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF202

Schedule of Diesel & Kerosene Exported Directly from the Rack

Supplier _____

Page _____ of _____

Supplier FID # _____

State Exported To _____

Product Code _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 2, form SMF 100)

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF203

Schedule of Other Exempt Diesel & Kerosene Sales

Supplier _____

Page _____

of _____

Supplier FID # _____

Product Code _____

Reason for Exemption _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 5, form SMF 100)

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Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF204

Schedule of Taxable Diesel & Kerosene Sales Originating In New Jersey

Supplier

Page

of

Supplier FID #

Product Code

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons
Page Total											
Schedule Total (report this amount on line 7, form SMF 100)											

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF205

Schedule of Taxable Diesel & Kerosene Sales Originating Outside New Jersey

Supplier _____

State of Origin _____

Product Code _____

Supplier FID # _____

Page _____

of _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Destination	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons
									Page Total		
Schedule Total (report this amount on line 8, form SMF 100)											

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Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm	YYYY

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF207

Schedule of Credits for Amounts Due from Delinquent Distributors for Diesel & Kerosene

Supplier _____

Supplier FID # _____

Page _____

of _____

Date Shipped	Customer FID Number	Delinquent Customer	Document Number	Product Code	Net Gallons	Gross Gallons	Invoiced Gallons	Total Tax Liability from Distributor	Tax Received from Distributor	Tax Outstanding from Distributor

Total Amount of Tax Outstanding Reported on This Page

Total Amount of All Outstanding Tax Delinquencies (report this amount on line 14, form SMF 100)

Certification of Supplier — The undersigned certifies as follows: The above representations of Qualified Distributors are accurate to the best of my knowledge. My company will not accept delayed remittances from the above Distributor(s) until notice is received from the Division of Taxation of requalification of the Distributor(s). My company will have no protection from assessment of tax, penalty, and interest in the event that the above Distributor(s) make late remittances after the date of this schedule. If the above representations are incorrect for any reason, my company is responsible for payment of the tax, penalties, and interest due for this period.

Signature of Authorized Representative

Printed Name of Signatory

Title of Signatory

Date Signed

Division use only — DLN Stamp

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

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mm

yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF208

Schedule of Diesel & Kerosene Purchased with Tax Included

Supplier _____

Supplier FID # _____

Page _____

of _____

Date Shipped	Seller FID Number	Seller	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Product Code	Invoiced Gallons	Tax Rate	Tax Paid
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
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												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	
												13.5¢	

Page Total

Schedule Total (report this amount on line 15, form SMF 100)

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

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mm

yyyy

Pursuant to NJS 54:39-101 et seq

10-2010

SMF209

Schedule of Dyed Diesel & Dyed Kerosene Sales

Supplier _____

Supplier FID # _____

Page _____

of _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Product Code	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 4, form SMF 100)

Division use only — DLN Stamp

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State of New Jersey

Attach to: Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF210

Schedule of Diesel & Kerosene Diversions - Out of New Jersey

Supplier _____

Supplier FID # _____

Page _____ of _____

State Diverted to _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Product Code	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons	Diversion Number

Page Total			
Schedule Total (report this amount on line 9, form SMF 100)			

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy
Pursuant to NJSA 54:39-101 et seq	
10-2010	

SMF211	Schedule of Diesel & Kerosene Diversions - Into New Jersey
---------------	---

Supplier _____ Supplier FID # _____ Page _____ of _____
 State Diverted From _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Product Code	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons	Diversion Number	
Page Total													
Schedule Total (report this amount on line 10, form SMF 100)													

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy

Pursuant to N.J.S.A. 54:39-101 et seq.

10-2010

SMF212A

Schedule of **Aviation Kerosene Delivered to a General Aviation Airport***

Supplier _____

Page _____ of

Supplier FID # _____

*Exempt from the \$0.135 per gallon kerosene tax

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 7, form SMF 400)

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State of New Jersey

Attach to:
Form SMF100,
Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy

Pursuant to N.J.S.A. 54:39-101 et seq.

10-2010

SMF212B

Schedule of Aviation Kerosene Delivered to an Int'l Airport*

Supplier _____

Page _____ of _____

Supplier FID # _____

*Exempt from the \$0.135 per gallon kerosene tax and the \$0.02 per gallon AST

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons
Page Total												
Schedule Total												

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period	
mm	yyyy

Pursuant to N.J.S.A. 54:39-101 et seq

10-2010

SMF212C	Schedule of Exempt Aviation Kerosene Sales - Licensed Aviation Fuel Dealer*
----------------	--

Supplier _____

Page _____ of _____

Supplier FID # _____

*Exempt from the \$0.135 per gallon gasoline tax and the \$0.02 AST

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Net Gallons	Gross Gallons	Invoiced Gallons

Page Total

Schedule Total (report this amount on line 4, form SMF 400)

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State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm	YYYY

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF312

Schedule of Sales to Licensed LPG Dealer's

Supplier _____

Supplier FID # _____

Page _____ of _____

Date Shipped	Customer FID Number	Customer	Carrier Name	Carrier FID Number	Mode	Point of Origin	Point of Dest.	Document Number	Gross Gallons	Invoiced Gallons

Page Total _____
Schedule Total _____



State of New Jersey

Attach To:

**Form SMF100,
Supplier Schedule of Motor Fuels Tax Due**

Month

Year

Pursuant to NJSA 54:39-101 et seq
10-2010

SMF400

Airport Safety Tax Liability Schedule

Supplier _____

Supplier ID # _____

Tax-free Aviation Fuel Sales - in Gallons

1	Sales of Aviation Fuel made to Government Entities <i>From Form SMF101, SMF201</i>	
2	Sales of Aviation Fuel Exported Directly from the Rack <i>From Form SMF102, SMF202</i>	
3	Aviation Gasoline destined for International Airports in New Jersey <i>From Form SMF112B</i>	
4	Taxable Aviation Kerosene Sales made to a licensed Aviation Fuel Dealer <i>From Form SMF212C</i>	
5	Taxable Aviation Gasoline Sales made to an licensed Aviation Fuel Dealer <i>From Form SMF112C</i>	
6	Total Exempt Sales Sum of Lines 1 through 5	

Taxable Sales of Aviation Fuel Destined for New Jersey - in Gallons

7	Taxable Sales Aviation Kerosene distributed to a New Jersey GAA <i>From Form SMF212A</i>	
8	Taxable Sales Aviation Gasoline distributed to a New Jersey GAA <i>From Form SMF112A</i>	
9	Taxable Aviation Kerosene Sales made to an Unlicensed Aviation Fuel Dealer <i>From Form SMF204 or SMF205</i>	
10	Taxable Aviation Gasoline Sales made to an Unlicensed Aviation Fuel Dealer <i>From Form SMF 104 or SMF105</i>	
11	Diversion Correction - Aviation Fuel Diverted from New Jersey <i>From Form SMF110, SMF 210</i>	()
12	Diversion Correction - Aviation Fuel Diverted into New Jersey <i>From Form SMF111, SMF 211</i>	
13	Total Taxable Sales of Aviation Fuel Distributed to General Aviation Airports - Sum of Lines 7 through 12	

Calculation of Tax

X 2¢

14	Tax Liability for Aviation Fuel for distribution to General Aviation Airports Multiply line 13 by \$.02	
15	Credit for previous month's overpayment <i>From Line 19 of last month's SMF400</i>	()
16	Credit for Delinquent Distributors <i>From Form SMF407</i>	()
17	Credit for Gallons of Aviation Fuel Purchased with Tax Included <i>From Form SMF408</i>	()
18	Tax Due for Aviation Fuel Subtract lines 15, 16, & 17 from Line 14. If amount is less than zero, enter 0 & enter the amount to credit on line 19	

Put this amount on
Line 4, Form SMF-10

19 Amount to Credit to Next Period

\$

Enter this amount on Line 15 of next month's SMF400

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:
**Form SMF100,
Supplier Schedule of Motor Fuels Tax Due**

Period

mm	YYYY

Pursuant to NJSA 54:39-101 et seq
10-2010

SMF408

Schedule of Aviation Fuel Purchased with AST Tax Included

Supplier _____

Supplier FID # _____

Page _____ of _____

Date Shipped	Seller FID Number	Seller	Carrier Name	Carrier FID Number	Mode	Terminal Code	Point of Origin	Point of Dest.	Document Number	Product Code	Invoiced Gallons	Tax Rate	Tax Paid
												2¢	
												2¢	
												2¢	
												2¢	
												2¢	
												2¢	
												2¢	
												2¢	
												2¢	
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												2¢	
												2¢	

Page Total

Schedule Total (report this amount on line 17, form SMF 400)

Division use only — DLN Stamp

Division use only — Date Stamp



State of New Jersey

Attach to:

Form SMF100, Supplier Schedule of Motor Fuels Tax Due

Period

mm	YYYY

Pursuant to NJSA 54:39-101 et seq

10-2010

SMF407

Schedule of Credits for Amounts Due from Delinquent Distributors for AST

Supplier _____

Supplier FID # _____

Page _____

of _____

Date Shipped	Customer FID Number	Delinquent Customer	Document Number	Product Code	Net Gallons	Gross Gallons	Invoiced Gallons	Total Tax Liability from Distributor	Tax Received from Distributor	Tax Outstanding from Distributor
Total Amount of Tax Outstanding Reported on This Page										
Total Amount of All Outstanding Tax Delinquencies (report this amount on line 16, form SMF 400)										

Certification of Supplier — The undersigned certifies as follows: The above representations of Qualified Distributors are accurate to the best of my knowledge. My company will not accept delayed remittances from the above Distributor(s) until notice is received from the Division of Taxation of requalification of the Distributor(s). My company will have no protection from assessment of tax, penalty, and interest in the event that the above Distributor(s) make late remittances after the date of this schedule. If the above representations are incorrect for any reason, my company is responsible for payment of the tax, penalties, and interest due for this period.

Signature of Authorized Representative

Printed Name of Signatory

Title of Signatory

Date Signed