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LFCL

Postmark Date_____

COMPANY NAME OF CARRIER

Office Use Only

KANSAS DEPARTMENT OF REVENUE

LIQUID FUEL CARRIER PETROLEUM PRODUCTS REPORT SCHEDULE OF DELIVERIES

FEIN NO.:_____ MONTH AND YEAR:____

LICENSE NO.:													
ADDRESS Six Digits - Do Not List Your Certificate Number													
CITY STATE ZIP													
PERSON HIRING THE CARRIER SELLER					ORIGIN	DELIVERED TO			DATE	MANIFEST	GALLONS		PRODUC'
COMPANY NAME (1)	FEIN (2)	COMPANY NA (3)	ME FEI	MODE (5)	(6)	NAME (7)	ADDRESS (8)	FEIN (9)	DELIVERED (10)	NUMBER (11)	GROSS (12)	NET (13)	CODE (14)
(1)	(2)	(0)	(4	,		(')	(0)	(3)	(10)	(11)	(12)	(10)	(11)
												1	
This report must	be filed with t	he Departme	nt of Revenu	e on or befo	re the 15th d	lay of the follo	wing month for	which the re	port is made		•	•	
•		•											
			i certify this t	o pe a true, c	omplete, and	accurate repor	t of all fuels trans	sported as a o	duly licensed o	arrier.			
	Signature of authorized person						Date Contact phone number			<u> </u>			
MF-206 Rev. 5-24				0.9					Date		,	•	

LIQUID FUEL CARRIER PETROLEUM PRODUCTS REPORT - SCHEDULE OF DELIVERIES - INSTRUCTIONS

GENERAL INSTRUCTIONS

Schedule provides detail information of each delivery included on the Common and Contract Petroleum Products Carrier Report. Prior to recording the

COLUMN INSTRUCTIONS

Column (1) & (2)

Person Hiring the Carrier - Enter the name and federal employer identification number of the company that hired you.

Column (3) & (4)

Seller - Enter the name and federal employer identification number of the company from whose account the fuel was withdrawn at the terminal.

Column (5)

Mode; Mode of Transport - Enter one of the following:

J = Truck PL = Pipeline R = Rail B = Barge S = Ship (Great Lakes or ocean marine vessel)

Column (6)

Origin - Enter the city and/or state or country shown on the delivery document (bill of lading, manifest or other loading document issued by the terminal operator) where the petroleum product was loaded for each delivery. If the product was loaded at a terminal, enter the uniform terminal code assigned to such terminal.

Column (7), (8), & (9)

Delivered to - Enter the name, address and federal employer identification number of the final delivery point. If delivered to a terminal, enter the terminal code for that terminal.

Column (10)

Date delivered - Enter the date the petroleum product was delivered for each delivery. (MM DD YY)

Column (11)

Manifest number - Enter the identifying number from the bill of lading issued at the terminal when product is removed over the rack. In the case of pipeline or barge movements, enter the pipeline or barge ticket number.

Column (12), (13), & (14)

Gallons - Enter the number of gross and net gallons and product code for each delivery. **For additional Product codes go to:** https://www.ksrevenue.gov/pdf/UniformProductCodes.pdf

PRODUCT CODE: 125 - AVIATION GASOLINE 167 - LOW SULFUR DIESEL # 2-UNDYED 54 - PROPANE 130 - JET FUEL 224 - COMPRESSED NATURAL GAS 231 - NO. 1 DIESEL FUEL - DYED 65 - GASOLINE 142 - KEROSENE 225 - LIQUEFIED NATURAL GAS 122 - BLENDING COMPONENTS 150 - NO. 1 FUEL OIL 226 - HIGH SULFUR DIESEL-DYED - OTHER (see FTA PRODUCT CODE LIST) 161 - LOW SULFUR DIESEL #1-UNDYED 124 - GASOHOL 227 - LOW SULFUR DIESEL- DYED

To see how the filing requirements apply to you, go to www.ksrevenue.gov Policy Information Library and look up K.S.A.79-3416

Mail the completed Liquid Fuel Carrier Petroleum Products Report form to: Kansas Department of Revenue, Customer Relations-Motor Fuel, PO Box 750680, Topeka, Kansas 66625-0680 Website: www.ksrevenue.gov Phone: 785-368-8222 Email: KDOR_mctaxes@ks.gov