

Mail **Remittance Center** Return to: P.O. Box 5055 Sioux Falls, SD 57117-5055

Column A

| Check here if this is an amended return | Depart in Whole Chass Colle | Column A Liquefied |
|---|-----------------------------|--------------------|
| SALES SUMMARY | Report in Whole Gross Gallo | Petroleum Gas |
| 1 Gallons sold tax-unpaid to other licensed LPG Vendors Attach Uniform Schedule of I | Disbursements - Type 6c | 1 |
| 2 Gallons sold tax-unpaid for agricultural (exempt) use | | 2 |
| 3 Gallons sold tax-unpaid to exempt government agencies Attach Uniform Schedule of Disbursements - Type 8 | | |
| 4 Gallons sold tax-unpaid to licensed LPG Users or Highway Contractors | | |
| 5 Gallons exported from South Dakota Attach Uniform Schedule of Disbursements - Type 7 | | |
| 6 Gallons sold on which South Dakota sales tax is due and will be reported and remitted on yor sales tax return | | |
| 7 Gallons sold for or used in licensed vehicles upon which fuel tax is due (unless sold to a licensed LPG User or Highway Contractor) | | |
| 8 Total LPG Gallons Sold or Exported Add Lines 1, 2, 3, 4, 5, 6, and 7 | | |
| INVENTORY RECONCILIATION | | |
| 9 Beginning LPG Inventory | | 9 |
| Total gallons received during the month or brought into South Dakota | | 10 |
| Total gallons to be accounted for Add Lines 9 and 10 | | 11 |
| Total gallons sold or exported Record amount from Line 8 here | | |
| 13 Ending LPG Inventory Subtract Line 12 from Line 11 | | |
| TAX CALCULATION AND REMITTANCE | | |
| 14 Fuel Taxable Sales Record Amount from Line 7 here | | 14 |
| 15 Fuel Tax Rate | | 15 \$0.20 |
| 16 Fuel Tax Liability for this reporting period Multiply amount on Line 14 by tax rate on Line 15 | | 16 \$ |
| Allowance Multiply first 25,000 gallons on Line 14 by 0.02 and excess gallons by 0.01. Add amounts and multiply by \$0.20. Record amount here (\$500 maximum) | | |
| The Flat Flat Elabority Subduct Elife 17 Hour Elife 10 | | 18 \$ |
| 19 Interest and/or Penalty (If filing after due date) | | 19 \$ |
| | | 20 \$ |
| Total Remittance Add lines 18 and 19, and add or subtract Line 20 (Depending on balance due or credit) | | 21 \$ |
| I declare and affirm under the penalty of perjury that this report has been examined by me, and to the best of my knowledge and belief is in all things true and correct. | | |
| Signature | Title | Date |
| DOR/DMV FORM 591 (01/2009) | 1 | - |