



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711 fax (775) 684-4619
dmv.nv.gov

CNG/LPG/LNG DEALER TAX RETURN
METERED FUEL ONLY

ACCOUNT NUMBER: _____
NAME: _____
PHYSICAL ADDRESS: _____
CITY/STATE/ZIP: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____

TAX RETURNS ARE DELINQUENT IF **NOT POSTMARKED**
BY THE LAST DAY OF THE MONTH FOLLOWING THE
REPORTING PERIOD.

REPORTING FOR THE PERIOD OF: _____
() CHECK HERE IF THIS IS AN AMENDED RETURN

TO CANCEL, ATTACH YOUR LICENSE AND INDICATE CANCELLATION DATE:

TAX RATES: () **CNG-\$0.21**
(5.66 pounds or 126.67 c.f. equals one gallon dispensed)
() **LPG-\$0.064**
(4.2 pounds or 36.3 c.f. equals one gallon dispensed)
() **LNG-\$0.27**
(6.06 pounds equals one gallon dispensed)

RECORD OF FUEL SALES TO MOTOR VEHICLES

USE ADDITIONAL SHEETS IF NECESSARY

1	2	3	4	5	6	7
DATE OF SALE	PURCHASER	VEHICLE LICENSE NUMBER	GALLONS SOLD*	TAX COLLECTED	EXEMPT GALLONS SOLD	EXEMPTION TYPE**
1. Subtotal						
1a. Totals brought forward from attached sheets						
2. TOTAL (Sum of lines 1 and 1a)						

3. TAX COLLECTED ON SALE (TOTAL COLUMN 5)

4. BALANCE FORWARD-PRIOR RETURN

5. PENALTY (10 PERCENT OF LINE 3)

6. INTEREST (1 PERCENT PER MONTH OF LINE 3)

7. TOTAL DUE (ADD LINES 3 THROUGH 6)

Under penalties of perjury, I declare, as taxpayer or preparer, I have examined this return and to the best of my knowledge and belief, it is correct and complete.

PREPARER'S SIGNATURE _____ Phone Number _____

Printed Name and Title _____ FAX Number _____

Date: _____

FOR OFFICIAL USE ONLY

Dealer # _____
Amount Received: _____
Check # _____

Initials _____
Postmark _____
Penalty _____
Interest _____

*ALL SELF-USE MUST BE REPORTED AS "GALLONS SOLD" IN COLUMN 4 AND "TAX COLLECTED" IN COLUMN 6.
**EXEMPTION TYPES MAY INCLUDE OFF-ROAD EQUIPMENT, FORKLIFTS, GOLF CARTS, AND GOVERNMENT VEHICLES.