



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

BIODIESEL PRODUCER / USER MONTHLY REPORT
Report Summary for Report Period: _____

PLEASE PRINT OR TYPE

Name and Location Address:

Account No. _____

**MUST BE FILED BY THE LAST DAY OF EVERY MONTH
FOR TRANSACTIONS OCCURRING IN THE PRECEDING MONTH**

DATE OF PRODUCTION	TYPE OF FUEL PRODUCED AND/OR USED	GROSS GALLONS
	TOTAL GALLONS	
	FY 09 CLEAN UP FEE *	\$ 0.0075
	STATE GROSS TAX RATE	\$ 0.27
		TOTAL GALLONS X \$ 0.2775
	TOTAL TAX DUE	

Sign below and remit to: Department of Motor Vehicles
Motor Carrier Division
555 Wright Way
Carson City, NV 89711-0600

Under penalties of perjury, I declare that I have examined this remittance report, and to the best of my knowledge and belief, it is true, correct, and complete.

Authorized Signature

Telephone Number

Date

Printed Name of Signer

Email Address