

## **Texas Schedule of Bad Debt**

Prepare a separate request form for each customer and each deduction type (bad debt or accelerated credit). Prepare a separate request form for each fuel type.

Please send: - copy of the signed credit agreement held with your customer and invoices identified in Item 2,

- copy of your Accounting Bad Debt Journal entry showing the customer invoices were written off as a bad debt account,
- copies of statements or letters of default that have been sent to the debtor, and
   copies of both sides of insufficient funds (NSE) checks identified in Item 10 (for checks dated 9/1/95 or later)

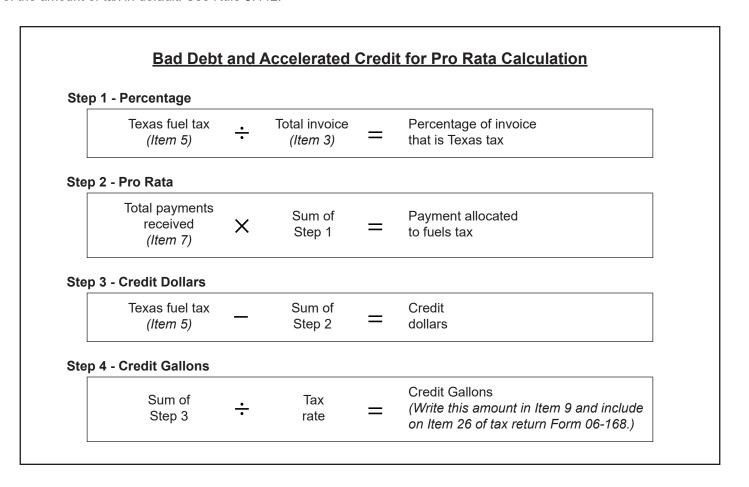
You have certain rights under Chapters 552 and 559, Government Code,
to review, request and correct information we have on file about you.
Contact us at the address or phone number listed on this form.

	- copies of b	oth sides of insul	ilcient lunas (i	NSF) Checks ide	entified in Item 10	(lor checks da	iled 9/1/95 01	iater).							
a. Taxpayer name				c. Taxpayer number d.		. Filing period		e. Fuel type (Check only one)							
							G	as Diesel	Compres	sed Natura	Gas (	CNG)/Liquefi	ed Natural G	as (LNG)	
Cu	stomer Informat	ion													
f. Customer name or DBA						g. Customer daytime phone (Area code and			code and number) h. Customer Social Security number or FEIN						
	i. Customer address (Street)														
i. C								j. Type of deduction (Check only one. See worksheet on back.)  BAD DEBT  Sec. 162.126, 162.228 and 162.366  ACCELERATED CREDIT Sec. 162.113(c) and 162.214(c)							
k. (	k. City, State, ZIP code						I. Has customer filed for bankruptcy?  Yes  No I do not know								
								Yes		NO	L	I do not kr	ow		
1. INVOICE DATE	2. INVOICE NUMBER	3. INVOICE AMOUNT (DOLLARS) (Fuel + Other Purchases)	4. INVOICE FUEL AMOUNT (DOLLARS)	5. INVOICE FUEL TAX AMOUNT (DOLLARS) (Texas tax only)	6. INVOICE FUEL AMOUNT (GALLONS)	7. DOLLARS PAID BY CUSTOMER ON THIS INVOICE (See instructions.)	8. DATE OF WRITE-OFF	9. FUEL GALLONS WRITTEN OFF (Total of column 9 for all Forms should equal Item 26 of the fuels tax report.)	10. NSF CHEO NUMBEI	_	HECK UNT	12. DATE OF NSF CHECK	13. GALLONS (WRITTEN OFF) THAT NSF CHECK COVERED	14. WERE SALES MADE ON CREDIT CARD? YES OR NO	
			<del> </del>	+		(See Instructions.)								TES UR NU	
													ļ		
15. TO	L ΓALS														
Mailwii	h Toyas Fuols Tay I	Poport to:	This	information is t	rue and correct to	the best of my	, knowlodgo	Lwill koop original or	onios of the	USE chocks	. Rad	Dobt Journal	ontrios invo	icos and	
Mail with Texas Fuels Tax Report to:  Comptroller of Public Accounts  111 E. 17th Street				This information is true and correct to the best of my knowledge. I will keep original copies of the NSF checks, Bad Debt Journal entries, invoices and working papers supporting the bad debt journal entries for four years to be available during a Comptroller audit. I understand that I will be billed for any bad debt deduction I have claimed if I do not retain the above specified documentation and submit it to the Comptroller's office upon request.											
Austin, TX 78774-0100				Taxpayer/representative printed name D							Daytime phone (Area code and number)				
If you have any questions, call 1-800-531-5441, ext. 51083, or 512-475-1083.				sign							Date				

## **Pro Rata Calculation for Completing Item 7**

Use this calculation only for invoices when Item 7 is completed. Use a separate worksheet for each invoice. Please include the invoice date and invoice number with each worksheet.

Prepare a worksheet using these calculations for each bad debt or accelerated credit claimed. Accelerated credits claimed on or after June 19, 2009, will not use this calculation. Accelerated credits claimed after June 19, 2009, should claim 100 percent of the amount of tax in default. See Rule 3.442.



## For Assistance

If you have any questions regarding this form, contact the Fuels Tax Refund Claims Section at 1-800-531-5441, ext. 51083, or 512-475-1083.