Comptroller of Public Accounts FORM 06-179 (Rev.5-15/4) **-- AMENDED --**

b. ■

PRINT FORM | CLEAR FIELDS

* 0 6 1 7 9 0 0 W 0 5 1 5 0 4 *

a. ■ **<choose one>**

Texas Schedule of Taxable Sales to Unlicensed Entities in the Bulk Transfer/Terminal System

-- Tax Collected by Supplier/Permissive Supplier *(Item 11)*

- ***Do not write in shaded areas***
- ***Type or print***

FUELS TAX QUESTION? CALL US (800) 252-1383

c. Taxpayer number	d. Filing period
■	■

e. Taxpayer name	f.
	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

LOCATOR NUMBER	1. Transporter name				2. Transporter taxpayer number
■					■
3. Purchaser name					4. Purchaser taxpayer number
■					■
5. Product type	6. Mode	7. Date removed	8. Shipping doc. no.	9. Terminal control number	10. Invoiced gallons
■	■	■	■	■	■

TOTAL INVOICED GALLONS
(Sum of Item 10)
FOR THIS PAGE ONLY ■

Texas Amended Schedule of Taxable Sales to Unlicensed Entities in the Bulk Transfer / Terminal System

- *Tax Collected by Supplier / Permissive Supplier* (Item 11)

You have certain rights *under Ch. 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.*

GASOLINE PRODUCT TYPES		
065 - Gasoline	**124 -** Gasohol	**125** - Aviation gasoline

DIESEL FUEL PRODUCT TYPES		
228 - Dyed diesel	**130** - Jet fuel	**072** - Dyed kerosene
160 - Clear diesel		**142** - Clear kerosene

Who Must File

Motor fuels taxpayers who have been notified of detailed schedule errors printed on their Schedule Error List are required to submit amended corrections on this form. This "**AMENDED**" schedule should also be used to report additional schedule information even if no errors have been reported.

NOTE:
- *This "paper" amended schedule should NOT be used by ELECTRONIC FILERS. Amendments for ELECTRONIC FILERS must be submitted electronically to the Comptroller.*
- *Be sure to include each LOCATOR NUMBER for each schedule correction.*

For Assistance

For assistance with any Texas fuels tax questions, please contact the Texas State Comptroller's office at 1-800-252-1383.

General Instructions

- Please TYPE or PRINT all information in white areas only.
- Only report information you are correcting. For example, the **ERROR** printed on the **Schedule Error List** indicates that the **DATE REMOVED** is blank for **LOCATOR NUMBER 000320**. When completing the Amended Schedule, only report the **LOCATOR NUMBER** and the **DATE REMOVED**. No other information is required.
- ROUND ALL GALLONAGE FIGURES TO WHOLE GALLONS.

Specific Instructions

- **LOCATOR NUMBER** must be reported on **ALL** amended schedules for corrected data.
- Report **ONLY** corrected information along with the corresponding **LOCATOR NUMBER** printed on your **Schedule Error List**.
- To delete a schedule transaction, report **LOCATOR NUMBER** and "**0**" in invoiced gallons.
- To report new/additional schedule information, do not report **LOCATOR NUMBER**.