Form **720-CS**

(Rev. January 2004)
Department of the Treasury
Internal Revenue Service

Carrier Summary Report

For the month ending , 20 .

OMB No. 1545-1733

☐ Corrected ☐ Void

Part I Carrier

Company name	Employer Identification Number (EIN)
Address (number, street, room or suite number)	Form 637 Registration Number

City, state, and ZIP code (Foreign addresses, include province and postal code as appropriate. Do not abbreviate country name.)

Contact person	Daytime telephone number	FAX number	Email address
	( )	( )	

Part II Transactions for the Month

Net Gallons (attach additional schedule(s) if needed)

Enter the transactions for the period on Schedules A and B, then complete lines 1 and 2 for each product code (PC). See page 6 of the instructions for the product codes.

	(a) PC:	(b) PC:	(c) PC:	(d) PC:
1 **Total carrier receipts.** Enter the total net gallons from Schedule(s) A, column (f), by product code. If you have receipts from more than one terminal for a product code, you must add the amounts from each terminal's Schedule A and enter the combined total by product code here.				
2 **Total carrier deliveries.** Enter the total net gallons from Schedule(s) B, column (f), by product code. If you have deliveries to more than one terminal for a product code, you must add the amounts from each terminal's Schedule B and enter the combined total by product code here.				

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Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶ _____ **Title, if applicable ▶** _____ **Date ▶** _____

Type or print your name below signature.

For Privacy Act and Paperwork Reduction Act Notice, see page 5 of the instructions.

Carrier name as shown on Form 720-CS	EIN	Form 637 Registration Number	For the month ending (enter MM/DD/YYYY)

Schedule A Carrier Receipts From a Terminal

Terminal name Complete a separate Schedule A for each terminal	TCN of terminal

1 Product code (PC). Enter the product code from page 6 of the instructions. A separate schedule is required for each PC. ▶ 1

Page _____ **of** _____
For more than one Schedule A, for each different PC, number each sheet. For example, 1 of 4, 2 of 4, etc.

2 Enter in the columns below the information requested for the PC on line 1 above.

(a) Consignor EIN	(b) Consignor name	(c) Mode of transportation	(d) Document date	(e) Document number	(f) Net gallons

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3 Total. Add all amounts in column **(f)** for each different PC. If there is more than one page for a PC, add the amounts from each page and enter the result on the last page of Schedule A for that PC. Do not enter page subtotals. Also, include the amount from column **(f)** on Form 720-CS, line 1, in the column for the applicable PC ▶ 3

Carrier name as shown on Form 720-CS	EIN	Form 637 Registration Number	For the month ending (enter MM/DD/YYYY)

Schedule B Carrier Deliveries to a Terminal

Terminal name. Complete a separate Schedule B for each terminal.	TCN of terminal

1 Product code (PC). Enter the product code from page 6 of the instructions. A separate schedule is required for each PC ▶ **1**

Page _____ **of** _____
For more than one Schedule B, for each different PC, number each sheet. For example, 1 of 4, 2 of 4, etc.

2 Enter in the columns below the information requested for the PC on line 1 above.

(a) Consignor EIN	(b) Consignor name	(c) Mode of transportation	(d) Document date	(e) Document number	(f) Net gallons

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3 Total. Add all amounts in column **(f)** for each different PC. If there is more than one page for a PC, add the amounts from each page and enter the result on the last page of Schedule B for that PC. Do not enter page subtotals. Also, include the amount from column **(f)** on Form 720-CS, line 2, in the column for the applicable PC ▶ **3**