

# Carrier Summary Report

For the month ending \_\_\_\_\_, 20\_\_

Corrected  Void

**Part I Carrier**

Company name		Employer Identification Number (EIN)	
Address (number, street, room or suite number)		Form 637 Registration Number: <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">ALI</span>	
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**

	<b>Net Gallons</b> (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)	(b)	(c)	(d)
	PC:	PC:	PC:	PC:
<p><b>1 Total carrier receipts.</b> 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.</p>				
<p><b>2 Total carrier deliveries.</b> 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.</p>		DRAFT		

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.



