

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

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

Signature ► _____ Title, if applicable ► _____ Date ► _____

Type or print your name below signature.

