Form **720-CS**

(Rev. September 2010)
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 instructions).

		(a) PC:	(b) PC:	(c) PC:	(d) 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.

For Privacy Act and Paperwork Reduction Act Notice, see the separate 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

Facility name. Complete a separate Schedule A for each facility.	Facility control number

1 Product Code (PC). Enter the PC (see instructions). A separate schedule is required for each PC . . . . . ▶

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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 code	(d) Vessel official number (required when mode code is B, S, IB, IS, EB, or ES)	(e) Document date	(f) Document number	(g) Net gallons

3 Total. Add all amounts in column (g) and enter the total. 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. Enter the amount from column (g) on Form 720-CS, Part II, 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

Facility name. Complete a separate Schedule B for each facility.	Facility control number

1 Product Code (PC). Enter the PC (see instructions). A separate schedule is required for each PC . . . . . ▶

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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 code	(d) Vessel official number (required when mode code is B, S, IB, IS, EB, or ES)	(e) Document date	(f) Document number	(g) Net gallons

3 Total. Add amounts in column (g) and enter the total. 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. Enter the amount from column (g) on Form 720-CS, Part II, line 2, in the column for the applicable PC . . . . . ▶ **3**