

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835

In addition to the *Form 637 General Questionnaire*, please answer the following questions specific to this activity. **(Attach additional sheets, if needed.)**

"AF" QUESTIONNAIRE

Activity Letter AF: Producers and importers of alcohol.
 See Treas. Reg. 48.4081-6(b)(1) and Notice 2005-04, 2(f).
These persons are required to be registered under IRC 4101(a)(1) and Notice 2005-04.

1. Does your business qualify for the Form 637 "AF" Registration?

Yes No

- **If yes**, please complete questions below and return this form.
- **If no**, please sign the statement below, date, and return this form.

I request my Form 637 "AF" Registration be denied or revoked as I am no longer engaged in this activity.

 Printed Name

 Title

 Signature

 Date

Note: This request must be signed by a person with authority to bind the applicant or registrant. Refer to *Form 637, Application for Registration (For Certain Excise Tax Activities), General Instructions*, under the *Signature* section for additional guidance.

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2. Is your business now using, and does your business plan to continue using, your business's registration to produce and/or import alcohol?

Yes No

3. Check the box(es) representing activities in which your business is engaged.

Producer

Importer

4. List the type and annual volume of alcohol produced and/or imported.

Type of Alcohol	Produced or Imported	Annual Volume in Gallons

5. Describe the process used to produce alcohol.

6. List all locations where alcohol, denaturant, and/or gasoline is stored. List the expected volume (in gallons) of each product that will be sold or blended by each location.

Name and Address of Location	Tank #	Product Stored	Expected Annual Volume

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Indicate with an (*) any facility that sells fuel at retail.

7. Does your business store product to which it does not hold title?

Yes No

If yes, what type of product, who owns the product, and where is it stored?

8. Does your business sell alcohol or fuel on consignment?

Yes No

If yes, where is this inventory stored? For whom is it stored? Are separate inventory records maintained?

9. What are the estimated annual gallons of alcohol imported from another country?

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10. What are the estimated annual gallons of alcohol fuel produced in the United States?

11. List the name and address of company's suppliers of alcohol.

12. List the monthly volume of denaturant purchased that is used in the production of alcohol.

13. Does your business produce alcohol fuel mixtures?

Yes No

If yes, please list the type of mixture, taxable fuel blended with, percentage of mixture, and expected annual volume.

Taxable Fuel Blended With	% by volume / alcohol	% by volume / taxable fuel	Expected Annual Volume

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14. Does your business own fuel transports?

Yes No

If yes, list Vehicle Identification Number (VIN), Gross Vehicle Weight (GVW), fuel transported and capacity of each.

VIN	GVW	Fuel Transported	Capacity

15. Does your business use common carriers to transport fuel?

Yes No

If yes, please provide the names and addresses of the common carriers.

16. List the name and phone number of a person whom we can contact about this application/registration.

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