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

# “G” QUESTIONNAIRE

**Activity Letter G** - Persons making tax-free inventory exchanges of taxable chemicals under IRC 4662(c)(2) or persons selling or buying intermediate hydrocarbon streams tax-free under IRC 4662(b)(10).

1. Does your business qualify for the Form 637 “G” 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 “G” 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.

1. List the name and address of your business’s supplier(s).

|  |  |
| --- | --- |
| Name and Address of Supplier |  Taxable Chemical |
|  |  |
|  |  |
|  |  |

1. Describe the process used to make each taxable chemical.
2. How are the taxable chemicals being transported?
3. List the taxable chemicals your business exchanges tax-free or will exchange tax- free and indicate whether your business will be the receiving or delivering party.
4. List the intermediate hydrocarbon streams bought or sold tax-free or will be purchased or sold tax-free by the applicant/registrant and indicate whether buying or selling.
5. Identify the type of tax-free sales your business makes or will be making:

Qualified fertilizer use [ ] Yes [ ] No

Qualified fuel use [ ] Yes [ ] No

Qualified animal feed use [ ] Yes [ ] No

Export [ ] Yes [ ] No

Other (specify) [ ] Yes [ ] No

1. What type of documentation does your business maintain or will be maintaining to substantiate tax-free sales?

1. List all locations and storage facilities where taxable chemicals are stored and indicate which taxable chemical.

|  |  |  |
| --- | --- | --- |
| Name and Address of Facility | Capacity of Taxable Tank(s) | TaxableChemical |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Does your business export or plan to export any taxable chemicals or taxable substances?

[ ] Yes [ ] No

**If yes**, provide the name of the taxable chemical or taxable substance, expected volume and name and address of any brokers used.

|  |  |  |
| --- | --- | --- |
| Taxable Chemical or Substance  | Expected Volume | Name and Address of Broker |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Does your business import or plan to import any taxable chemicals or taxable substances?

[ ]  Yes [ ]  No

**If yes**, provide the name of the taxable chemical or taxable substance, expected volume and name and address of any brokers used.

|  |  |  |
| --- | --- | --- |
| Taxable Chemical or Substance  | Expected Volume | Name and Address of Broker |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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