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) | Taxable  Chemical |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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.