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.)

"K" QUESTIONNAIRE			
Activity Letter K : Buyer of kerosene for a feeds See Treas. Reg. 48.4082-7.	stock purpose.		
Registration allows buyer to purchase kerosene feedstock.	tax-free for use as a		
Does your business qualify for the Form 637 " □ Yes □ No	K" Registration?		
• If yes, please complete questions below a	nd return this form.		
• If no, please sign the statement below, dat	te, and return this form.		
I request my Form 637 "K" Registration be denie engaged in this activity.	ed or revoked as I am no longer		
Printed Name	Title		
Signature	Date		
Note: This request must be signed by a person with	authority to hind the applicant or		

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.

Name:		EIN:			
Address:		637 Reg No.:			
City, State, Zip:		OMB No.:	1545-1835		
2. List	List all products containing kerosene that your business manufactures.				
 Is kerosene used in any other manner beside the manufacture of these products? ☐ Yes ☐ No If yes, describe the use. 					
 List all locations and storage facilities where kerosene is stored. List the expected volume (in gallons) of kerosene to be used by each facility. 					
	Name and Address of Facility	Capacity of Tank(s)	Expected Annual Volume (gallons)		

Name:			EIN:		
Address:			637 Reg No.:		
City, State, Zip:			OMB No.:	1545-1835	
	List name and address of all current and anticipated suppliers of kerosene.				
6. List	approximate annual q	uantity of keros	sene purchased.		
 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	
8. List the name and phone number of a person whom we can contact about this application/registration.					

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