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

# "SB" QUESTIONNAIRE

**Activity Letter SB:** Producers of second generation biofuel (including cellulosic biofuel). See IRC 40(b)(6)(E) and Notice 2008-110, 2008-51 I.R.B. 1298.

**These persons are required to be registered under IRC 4101(a)(1)**

**and Notice 2008-110.**

1. Does your business qualify for the Form 637 “SB” 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 “SB” Registration be denied or revoked as I am no longer engaged in this activity.

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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. Provide a description of your business’s second generation biofuel production process (including a list of qualified feedstocks).
2. List all locations of storage facilities where feedstock, second generation biofuel, gasoline and/or products used in blending are stored.

|  |  |  |  |
| --- | --- | --- | --- |
| Product Description | Name and Address of Facility | Fuel Tank Capacity (Gallons) | Expected Annual Volume |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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1. Describe the documents generated and retained for the purchase of qualified feedstocks used to produce second generation biofuel.
2. List all fuel related registrations, licenses, and permits held or required to be held by your business.
3. List your business expected annual production volume and potential customers.

1. Does your business use second generation biofuel for use as a fuel in your trade or business?

[ ]  Yes [ ]  No

**If yes**, describe the type of use and list the monthly volume used.

1. Does your business sell second generation biofuel for use as a fuel in a trade or business?

[ ]  Yes [ ]  No

**If yes**, please list all customers and the monthly volume sold to each.

1. Does your business sell second generation biofuel at retail?

[ ]  Yes [ ]  No

**If yes**, please provide a list of locations and monthly volume sold.

1. Does your business produce qualified second generation biofuel mixtures?

[ ]  Yes [ ]  No

**If yes**, please list the type of mixture, percentage of second generation biofuel, percentage of gasoline or special fuel, and expected annual volume.

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