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.)**

"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.

and Notice 2008-110.	
1. Does your business qualify for the Form 637 "	SB" Registration?
☐ Yes ☐ No	
• 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 "SB" Registration be der engaged in this activity.	nied or revoked as I am no longer
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.

Name:			EIN:		
Address:			637 Reg No.:		
City, State, Zip:			OMB No.:	1545-183	35
		ription of your business's second geess (including a list of qualified fee		uel	
		s of storage facilities where feedsto e and/or products used in blending	•	eneration	
Product De	escription	Name and Address of Facili	ty Ca _l	Tank pacity allons)	Expected Annual Volume
		ocuments generated and retained ocks used to produce second gen			
	all fuel rela neld by your	ted registrations, licenses, and per business.	rmits held or re	quired to	

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Address:		637 Reg No.:			
City, State,		OMB No.:	1545-1835		
Zip:					
List your business expected annual production volume and potential customers.					
	s your business use second generation biofue rtrade or business?	el for use as a t	fuel in		
	S No	vyolumo usod			
ii yes	, describe the type of use and list the monthly	volume useu.			
8. Doe trade	s your business sell second generation biofue e or business?	el for use as a f	uel in a		
□ Yes	s □ No				
If yes, please list all customers and the monthly volume sold to each.					
_					
0 5-		al at #ct=!!0			
	s your business sell second generation biofue	ei at retail?			
☐ Yes	s □ No				

Name:		EIN:			
Address:		637 Reg No.:			
City, State, Zip:		OMB No.:	1545-1835		
If yes, please provide a list of locations and monthly volume sold.					
	s your business produce qualified second ge ures?	neration biofue	I		
□ Yes	s □ No				
If yes, please list the type of mixture, percentage of second generation biofuel, percentage of gasoline or special fuel, and expected annual volume.					
11. List the name and phone number of a person whom we can contact about this registration.					