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.)**

"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).

 Does your business qualify for the Form 637 ☐ Yes ☐ No 	"G" Registration?
• If yes, please complete questions below	and return this form.
• If no, please sign the statement below, da	ate, and return this form.
I request my Form 637 "G" 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	S:			637 Reg No.:	
City, Sta Zip:	ate,			OMB No.:	1545-1835
	<u>'</u>				
2.	List the nan	ne and address	of your business's sup	oplier(s).	
	Name and Address of Supplier Taxable Chemical				
3.	Describe th	e process used	I to make each taxable	chemical.	
	I love ove the				
4. How are the taxable chemicals being transported?					
List the taxable chemicals your business exchanges tax-free or will exchange tax- free and indicate whether your business will be the					
	receiving or	r delivering party	y.		
6.	be purchase		carbon streams bough ree by the applicant/reg		

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7. Iden	tify the type of tax-free sal	es your business m	akes or will be	making:		
Qualif	ïed fertilizer use □Yes □N	lo				
Qualif	ïed fuel use □Yes □No					
Qualif	ïed animal feed use □Yes	□No				
-	t □Yes □No					
Other	(specify) □Yes □No					
	8. What type of documentation does your business maintain or will be					
mair	ntaining to substantiate tax	-free sales?				
9. List all locations and storage facilities where taxable chemicals are						
stored and indicate which taxable chemical.						
Namo a	nd Address of Facility	Capacity of Taxa	lble	Taxable		
name a	nd Address of Facility	Tank(s)		Chemical		
					-	

Name:				EIN:		
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 10. 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			
11. 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 Ch Subst		Expected Volume	Nam	e and Address	of Broker	

12. 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
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