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.)**

"QR" QUESTIONNAIRE

Activity Letter QR - Qualified retailer of diesel fuel or kerosene sold in Alaska for nontaxable uses.

Treas. Reg. 48.4082-5(b) provides a special rule relating to diesel fuel and kerosene taxes in Alaska. This rule applies to diesel fuel or kerosene removed, entered, or sold in Alaska for ultimate sale or use in an exempt area of Alaska. This rule, generally allows a qualified dealer to buy undyed diesel fuel and undyed kerosene tax-free for resale.

- 1. Does your business qualify for the Form 637 "QR" 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 "QR" 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.

Name:		EIN:		
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usin □ N 3. Doe Stat □Yes	our business now using, and does y g, your business's registration to m lo s your business have a Qualified D e of Alaska? s No , please provide the number.	ake tax-free transactions	? □Yes	
 4. Does your business file a Form 720, Quarterly Federal Excise Tax Return? □Yes □ No If no, please explain why. 				
□Yes	s your business purchase any tax-p I No , please describe the nature of thes			
6. List	the average monthly volume of fue	your business sells.		
	Product	Average Monthly Vo	lume (gallons)	
Diesel F	-uel			
Gasolin	e			
Kerosei	ne			
Jet Fue	I			

Name:		EIN:		
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Aviatior	n Gasoline			
7. List	the name and address of your busi	ness's supplier(s).		
8. Plea	ase describe your business's fuel st	orage facilities, incl	udina	the type
of fuel stored and the storage capacity of each fuel tank.				
9. Has	s your business name, address, or e	employer identificati	on nu	ımber
	nged from that shown on your busir 	ness validated regis	stratio	n?
	S No	ation		
ıı yes	s, please provide the correct informa	auori.		
	all addresses of current business o ign operations, if applicable).	perations (include (out-of	-state or
11. List	the address where your business's	books and records	are k	kept.

Name:		EIN:		
Address:		637 Reg No.:		
City, State, Zip:		OMB No.:	1545-1835	
12. For tax free sales of diesel or kerosene, please describe how your business will determine that the fuel will be used for a nontaxable use and what records your business will keep supporting your business determination.				
13. List the name and phone number of a person whom we can contact about this registration.				