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.)**

"Y" QUESTIONNAIRE

Activity Letter Y: Buyer of kerosene for its use in commercial aviation (other than foreign trade). See Treas. Reg. 48.4082-6.

Note 1: The aircraft operator that purchases kerosene for use in commercial aviation which is removed from a refinery or terminal directly into the fuel tank of an aircraft and self-assess at \$0.044 is required to be registered with a "Y" registration by IRC 4081(a)(2)(C)(i). These transactions are reported on Abstract 077. The buyer must provide the seller with a written exemption certificate (Pub 510, Model Certificate K) stating the airline's name, address, taxpayer identification number, registration number, and intended use of the fuel.

Note 2: A person who only buys kerosene for aviation used in foreign trade does not need to be registered. See Notice 2005-4 Section 4.

Note 3: The requirement that each commercial aircraft operator have a "Y" registration was removed by Notice 2005-80 Section 3(d).

Note 4: An aircraft operator/ultimate purchaser does not need to be registered to support an ultimate vendor claim for commercial use when the ultimate vendor is making the claim. IRC 6427(I)(4)(C)(i)(I) only requires the ultimate vendor be registered (and meet the other conditions) for an ultimate vendor refund. Therefore, the aircraft operator/ultimate purchaser can provide Pub 510 Model Waiver L to the ultimate vendor without having a "Y" registration.

Note 5: An aircraft operator/ultimate purchaser does not need to be registered to support an ultimate purchaser claim for commercial use per IRC 6427(I)(4)(A).

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835
1. Doe	s your business qualify for the Form 637 "Y" F	Registration?	
☐ Ye	s □ No		
•	f yes , please complete questions below and r	eturn this form	
•	f no , please sign the statement below, date, a	and return this t	form.
•	est my Form 637 "Y" Registration be denied o	or revoked as I	am no longer
	- <u>-</u>		
Drinto	nd Name	Titl△	

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.

Date

Signature

Address:		637 Reg No.:		
City, State,		OMB No.:	1545-1835	
List the name and address of all your business's suppliers of aviation fuel.				
 3. Does your business provide its fuel suppliers an exemption certificate to receive fuel tax free or at a reduced rate? Yes No If yes, please provide a copy of each exemption certificate. 4. Describe the activity the company is utilizing the "Y" registration for. 				
 5. Does your business resell aviation fuel purchased at a reduced or tax-free rate? Yes No If yes, to whom? 				
☐ Yes	s your business store any aviation fuel to whice \square No , where is this inventory stored? For whom is			
invent	ory records maintained?			

EIN:

Name:

Name:		EIN:	
Address:		637 Reg No.:	
City, State, Zip:		OMB No.:	1545-1835
7. List	all locations and storage facilities where	aviation fuel is store	ed. List
	expected annual volume (in gallons) of a lities.	viation fuel used at	these
	Name and Address of Facility	Capacity of Aviation Fuel Tank(s)	Expected Annual Volume
ndicate with	an (*) any facility where aviation fuel pu	rchased at reduced	rate is resold.
	our business involved in any aviation in v	vhich federal excise	tax on
	ransportation is not charged? s □ No		
If yes	s, please explain.		
	vide the number of commercial aircrafts i r business purchases fuel utilizing the "Y	-	et that
	es your business operate any aircrafts wit 00 pounds?	th a take-off weight	less than

Name:		EIN:		
Address:		637 Reg No.:		
City, State, Zip:		OMB No.:	1545-1835	
	s □ No			
If yes	, how is fuel purchased for these aircrafts?			
	our business does not own the aircraft or prov			
fligh	t(s) of the above aircraft, explain the operatin	g arrangement	S.	
12. For	whom does your business provide air transpo	ortation for?		
□per	rsons, \square property, or \square both (check the approp	oriate box(es))		
13. For whom does your business provide international air transportation for?				
□pers	\Box persons, \Box property, or \Box both (check the appropriate box(es))			
14. For whom does your business provide non-commercial air transportation for?				
\Box persons, \Box property, or \Box both (check the appropriate box(es))?				
15. Does your business claim credit or refunds for aviation fuel?				
☐ Yes ☐ No				
If yes, please explain.				
40 1 :- 1	the name and phone number of a narrow wh			

16. 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