

**MONTHLY CARRIER  
 REPORT OF LIQUID FUEL  
 AND FUELS DELIVERED**

Every person transporting liquid fuels or diesel fuel (fuels) shall report under oath or affirmation to the department on or before the last day of each month for the preceding month all deliveries of liquid fuels or diesel fuel, other than dyed diesel fuel and retail deliveries of kerosene in quantities of less than 300 gallons per delivery to any point within this Commonwealth, including intrastate movements, imports and exports.

SECTION I		TAXPAYER INFORMATION			
Name					Check Appropriate Block  <input type="radio"/> No Activity  <input type="radio"/> Cancel Permit  <input type="radio"/> Change Name and/or Address  <input type="radio"/> Amended Report
Street Address					
City			State	ZIP Code	
Account ID	FEIN/SSN	Period (Month & Year)	Tax Period End Date		

SECTION II		SCHEDULE SUMMARY	
1. Total gallons of product loaded at a PA terminal or bulk plant and delivered to another state (attach Schedule 1A).			
2. Total gallons of product loaded at an out-of-state terminal or bulk plant facility and delivered in Pennsylvania (attach Schedule 2A).			
3. Total gallons of product loaded at a PA terminal or bulk plant and delivered in Pennsylvania (attach Schedule 3A).			
4. Total gallons of product transported (total of Lines 1 through 3).			

SECTION III		CERTIFICATION	
This report must be filed with the <b>PA DEPARTMENT OF REVENUE, PO BOX 280646, HARRISBURG PA 17128-0646</b> on or before the last day of each month following the report period. Telephone inquiries should be made to 800-482-4382 or FAX 717-787-6261.			
I (We) agree under penalties prescribed by law that this report is a true and correct record of all transactions for the above referenced period. Please attach all necessary schedules.			
Name		Signature	Title
Telephone Number		Email Address	Date



4462621205

DMF-26 (SU) MOD 11-21 (FI)

**SECTION IV MONTHLY CARRIER REPORT OF LIQUID FUELS AND FUELS DELIVERED SCHEDULE (cont.)**

Carrier Name	FEIN	Month/Year
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Schedule Type <input type="radio"/> 1A – Deliveries of product from in-state locations to outside of Pennsylvania (exports). <input type="radio"/> 2A – Deliveries of product from out-of-state locations to locations inside Pennsylvania (imports). <input type="radio"/> 3A – Deliveries of product between points in Pennsylvania (intrastate).	Product Type (Check Only One) <input type="radio"/> 065 – Gasoline <input type="radio"/> 130 – Jet Fuel <input type="radio"/> 160 – Clear Diesel <input type="radio"/> 142 – Kerosene <input type="radio"/> 124 – E-85 <input type="radio"/> 124 – Gasohol <input type="radio"/> 170 – Biodiesel <input type="radio"/> 160 – Ultra – Low Sulfur Diesel <input type="radio"/> 125 – Aviation Gasoline <input type="radio"/> Other _____
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Seller	Delivered To
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1. SELLER NAME	2. SELLER ID	3. MODE	4. ORIGIN CITY	5. ORIGIN STATE/COUNTRY	6. RECIPIENT NAME	7. RECIPIENT ID	8. RECIPIENT CITY	9. RECIPIENT STATE/COUNTRY	10. DATE DELIVERED	11. BOL/ INVOICE NUMBER	12. NET/ GROSS GALLONS



4462621205

# Instructions for DMF-26

## Monthly Carrier Report of Liquid Fuel and Fuels Delivered

DMF-26 IN (SU) MOD 11-21

### myPATH



Are you aware of the Pennsylvania Department of Revenue's new e-Services portal: myPATH? You may submit payments, registration, renewals, and more, online.

Visit [revenue.pa.gov/mypathinformation](http://revenue.pa.gov/mypathinformation) for more information.

### GENERAL INFORMATION

The Monthly Carrier Report of Liquid Fuels and Fuels Delivered may be reproduced and used for subsequent reporting. Reports are also available online at [www.revenue.pa.gov](http://www.revenue.pa.gov).

Please contact 800-482-4382 with questions regarding this form.

### LINE INSTRUCTIONS

#### SECTION I

##### TAXPAYER INFORMATION

Insert the following information in the appropriate boxes: Your name, your Federal Employer ID Number (FEIN), your Social Security number (SSN) or your Canadian Social Insurance number (CSIN), whichever is applicable, and the month and year for which the schedule is prepared.

#### ACTIVITY BOX

##### NO ACTIVITY

Check this block if you did not conduct any transactions during the filing period.

##### CANCEL PERMIT

Check this block if you are requesting your permit be canceled. The cancellation date used will be the due date or date received of this report, whichever is later. A final report must be filed for activity prior to the cancellation request.

##### CHANGE NAME AND/OR ADDRESS

To note any change to your name or address, check this block and make the applicable change.

##### AMENDED REPORT

Check this block if this report corrects information previously reported, noting the period and year you are correcting.

#### SECTION II

##### SCHEDULE SUMMARY

Schedules provide detail of each delivery included on the Carrier Report. Prior to recording the information requested in Columns 1 through 12, organize your records as follows:

#### LINE 1

##### SCHEDULE 1A

Total all deliveries of product from in-state locations to outside of Pennsylvania (exports).

#### LINE 2

##### SCHEDULE 2A

Total all deliveries of product from out-of-state locations to locations inside Pennsylvania (imports).

#### LINE 3

##### SCHEDULE 3A

Total all deliveries of product between points in Pennsylvania (intrastate).

#### LINE 4

##### TOTAL

Total gallons of product transported (total of Lines 1 through 3).

Each delivery of product must be listed on a separate line.

#### SECTION IV

##### SCHEDULE TYPE

Insert the schedule type number in the appropriate box. A separate schedule must be submitted for each schedule type and product type.

##### PRODUCT TYPE

On the face of the schedule, place a check mark next to the product type being reported on the schedule. **You must file a separate schedule for each product type.**

#### COLUMN 1

##### SELLER NAME

Enter the name of the company that was the seller of the fuel.

**COLUMN 2****SELLER ID**

Enter the FEIN, Social Security number, or the Canadian Social Insurance number of the company/individual that sold the product.

**COLUMN 3****MODE**

Enter the mode of transport. Use one of the following: **T**= Truck; **B**= Barge; **R**=Rail; **PL**= Pipeline; **S**=Ship (Great Lakes or Ocean Vessel).

**COLUMN 4****ORIGIN CITY**

Enter the city shown on the delivery document (bill of lading, manifest, or other loading document issued by the terminal operator of bulk plant) where the product was loaded for each delivery. If the product was loaded at a terminal assigned an IRS Terminal Code Number, enter the uniform terminal code number assigned to the terminal.

**COLUMN 5****ORIGIN STATE/COUNTRY**

Enter the state or country shown on the delivery document (bill of lading, manifest, or other loading document issued by the terminal operator of bulk plant) where the product was loaded for each delivery. If the product was loaded at a terminal assigned an IRS Terminal Code Number, enter the uniform terminal code number assigned to the terminal.

**COLUMN 6****RECIPIENT NAME**

Enter the name of the person or company that received the product.

**COLUMN 7****RECIPIENT ID**

Enter the FEIN of the company that received the product.

**COLUMN 8****RECIPIENT CITY**

Enter the city the product was delivered to.

**COLUMN 9****RECIPIENT STATE/COUNTRY**

Enter the state or country the product was delivered to.

**COLUMN 10****DATE DELIVERED**

Enter the date the product was delivered.

**COLUMN 11****BOL/INVOICE NUMBER**

Enter the identifying bill of lading number from the document issued at the terminal or bulk plant when product is removed from the rack. In the case of pipeline or barge movements, enter the pipeline or barge ticket number.

**COLUMN 12****NET/GROSS GALLONS**

Enter the number of net or gross gallons delivered. All gallons delivered must be either net or gross gallons. They may not be mixed on this schedule.