

RACK OPERATOR REPORT

Report for month of _____
mm/dd/ccyy

Due by the 25th of the month following the close of the report month.

Check one: Original Amended

Mail to: New Mexico Taxation & Revenue
Department
Special Tax Programs and Services
P.O. Box 25123
Santa Fe, NM 87504-5123

For assistance call (505) 827-0765

<u>TERMINAL</u>	
Name of terminal:	Terminal code:
Location of terminal:	

<u>OPERATOR</u>			
Name:			
FEIN/SSN/BN:	NMBTIN:	Phone number: ()	
Address:	City:	State:	ZIP code:

TRANSACTIONS FOR THE MONTH

				Circle one: Net Gallons or Gross Gallons		
		<small>Schedule Number</small>	<u>Gasoline Products</u>	<u>Special Fuel Products</u>	<u>Other Products</u>	
1.	Gallons sold to registered distributors or suppliers.....	6				
2.	Gallons sold/purchased through exchange agreements.....	6X				
3.	Gallons exported directly outside of New Mexico.....	7				
4.	Gallons sold and shipped directly to a registered Indian tribal distributor on Indian land.	10				
5.	Gallons sold and shipped directly to other than registered Indian tribal distributors on Indian land.....	10A				

Check here if you owe a \$50 penalty for late filing. Attach your payment and submit to the address above. Make your check or money order payable to New Mexico Taxation and Revenue Department. Write your CRS ID and "Rack Operator Report" on the check.

I declare that I have examined this return, including any accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.			
Signature of authorized agent	Title	Date	Telephone number ()
Printed name of authorized agent	E-mail address	FAX number ()	