

Terminal Operator Report

For the month ending _____, 20__ .

Corrected Void

Part I Terminal Operator

Company name			Employer Identification Number (EIN)
Address (number, street, room or suite number)			Form 637 Registration Number
City, state, and ZIP code			
Contact person	Daytime telephone number () ()	Fax number () ()	E-mail address

Part II Terminal

Name of terminal	Terminal Control Number (TCN)
Terminal location	

Part III Transactions for the Month

	Net Gallons (attach additional schedule(s) if needed) Enter the transactions for the period on Schedules A and B, then complete lines 1 through 7 for each product code (PC). See page 5 in the instructions for the product codes.			
	(a)	(b)	(c)	(d)
PC:	PC:	PC:	PC:	
1 Beginning inventory.				
2 Total receipts. Enter amounts from Schedule A.				
3 Total gallons available. Add lines 1 and 2.				
4 Total disbursements. Enter amounts from Schedule B.				
5 Subtract line 4 from line 3.				
6 Stock gains and losses. Show losses in (parentheses).				
7 Actual physical ending inventory at terminal.				

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► _____ Title, if applicable ► _____ Date ► _____

(Please type or print your name below signature.)

Terminal operator name as shown on Form 720-TO	EIN	TCN	For the month ending (enter MM/DD/YYYY)
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Schedule A Terminal Operator Receipts

Product code. Enter in the columns below the information requested for the specified product code. Use additional schedule(s) for each product code. See page 5 in the instructions for product codes. ► _____

(a) Carrier name	(b) Carrier EIN	(c) Mode of transport	(d) Document date	(e) Document number	(f) Net gallons
Total. Add amounts in column (f) and enter the total. Also, enter on Form 720-TO, line 2, in the column for the applicable product code.					

Terminal operator name as shown on Form 720-TO	EIN	TCN	For the month ending (enter MM/DD/YYYY)
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Schedule B Terminal Operator Disbursements by Position Holder

Position holder (PH) name. Enter one name per page.	PH EIN	PH Form 637 Registration Number
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Product code. Enter in the columns below the information requested for the specified product code. Use additional schedule(s) for each product code. See page 5 in the instructions for product codes. ► _____

(a) Carrier name	(b) Carrier EIN	(c) Mode of transport	(d) Dest. state	(e) Document date	(f) Document number	(g) Net gallons	(h) Gross gallons

Total. Add amounts in columns (g) and (h) and enter the totals. Also, enter the amount from column (g) on Form 720-TO, line 4, in the column for the applicable product code ►

