



**LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
FINANCIAL SERVICES DIVISION
MOTOR FUEL DELIVERY FEE REPORT**

(A SEPARATE REPORT FOR EACH MONTH MUST BE FILED)

Agency Interest #

Filing Month and Year

Certificate #

LDEQ Federal Tax ID: 72-0999270

IMPORTANT

Name and Mailing Address

- Check this box if changes have been made to the name or mailing address.
- Check this box if you are no longer in business. In the space below, indicate the date you went out of business.

Pursuant to LA RS 30:2195.3, the following fees shall be collected and paid to the Louisiana Department of Environmental Quality (LDEQ):

	A. Number of Gallons		B. Multiplier		C. Amount
1. Total gallons of motor fuel throughput:	_____				
2. Total gallons of motor fuel exempt from Motor Fuel Trust Fund for the reporting month:	_____				
3. Subtract item 2A from item 1A. This will give you the total gallons of motor fuel subject to the Underground Storage Tank Delivery Fee (Multiply item 3A by 0.008):	_____	X	\$0.008		\$ _____
4. Calculate the fees you refunded this month that were collected on previous exempt withdrawals. (Multiply item 4A by 0.008):	_____	X	\$0.008		\$ _____
5. Subtract item 4C from item 3C.					\$ _____

Complete items 6 and 7 ONLY if the report and fees are SUBMITTED TIMELY.
Reports are due by 25th of the month following the end of the reporting month.
(Example: June 2003 report must be submitted to DEQ on or before July 25, 2003)

6. Bulk operator reimbursement for handling. (Multiply item 5C by 0.01):	_____	X	0.01		\$ _____
7. TOTAL AMOUNT DUE AND PAYABLE TO DEQ (Subtract item 6C from item 5C):					\$ _____

Items 8 through 10 MUST BE COMPLETED if the report and fees are submitted late.
If the report and fees are submitted timely, DO NOT complete items 8 through 10.

8. Indicate the number of months (maximum 3 months) that the report and fees are late. Multiply this number by 0.05 (not to exceed 15%):	_____ Month(s)	X	0.05		\$ _____
9. Multiply item 5C by item 8C:					\$ _____
10. TOTAL AMOUNT DUE AND PAYABLE TO DEQ (Add item 9C to item 5C):					\$ _____

Fee Payer Name

I declare that the information in this document is true and correct to the best of my knowledge and belief.

MAIL CHECK AND REPORT TO:

Louisiana Department of Environmental Quality
Financial Services Division
PO Box 4311
Baton Rouge LA 70821-4311

Signature of Duly Authorized Agent

Print or Type Name of Duly Authorized Agent

() _____
Telephone Number

ALL CERTIFICATE HOLDERS MUST FILE A REPORT EACH MONTH, EVEN IF NO FEES ARE DUE!

Revised 02/2009