



THREE AFFILIATED TRIBES MOTOR VEHICLE FUEL TAX REPORT NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER AS CONTRACTOR FOR THREE AFFILIATED TRIBES TAX COMMISSIONER

SFN 22907 (2-2020)						TAT		
Reporting Period - Month and Year		Check if Am	ended Re	port		MVF		
Business Name (as it appears on your license)		Telephone Number FEII						
Address	City	Stat	ce	ZIP Code		License Numb	er	
This report is due on or before the 25th of the month Mail to: Office of State Tax Commissioner	Column A	Column B	Colur	nn C	Column D	Column E	Column F	
600 E. Boulevard Ave., Dept. 127 Bismarck ND 58505-0599 Check box to cancel license Attach license. Cancellation date	Gasoline Product 065	Gasohol E-85 Product 124, 079	Unble Etha Produc	nol	Unblended Methanol Product 234	Blending Components Product 055, 061, 122	Column Totals	
~~Do not make an entry in a shaded area~~						333, ===		
1. Inventory forward = last month's line 13 entries							T	1.
2. Gallons mfg., purchased, imported = Schedules 1+2+2A +3								2.
3. Product transfers (+ or -) within tax type MVF								3.
4. Not used on Tribal Report								4.
5. Not used on Tribal Report								5.
6. Gallons taxable at \$.23 per gallon = Schedules 5A+5Q								6.
7. Gallons from \$.23 per gal. tax-pd. inven. = Schedule 10G								7.
8. Net gallons taxable at \$.23 per gallon = lines 4-5+6-7								8.
9. Net gallons gasohol taxable at \$.23 per gallon = lines 4-5+6-	-7							9.
10. Gallons ND non-taxable = total of Schedules 6+7+10F								10.
11. Gallons ND tax-exempt = Schedules 8+10								11.
12. Book inventory = lines 1+2+3-4-6-10-11								12.
13. Ending physical inventory								13.
14. Gain (or losses) = lines 13-12								
15. Tax due at \$.23 per gallon = \$.23 x line 8							\$	15.
16. Tax due at $\$.23$ per gallon on gasohol = $\$.23$ x line 9							\$	16.
17. Tax subject to allowance = lines 15+16							\$	17.
18. Collection allowance = .02 x line 17							\$	18.
19. Total tax due = lines 17-18	For lines 1	through 16 anta	r the tetal	of Colu	mns A through E i	n Column E	\$	19.
20. Penalty = .05 x line 19 (minimum \$5.00)	For lines 1	in Jugn 10, ente	i tile total	oi colui	A UIIOUYN E I	ii Columni F	\$	20.
21. Interest = .01 per month x line 19		For lines 17	through 7	22 1166 (Column F only		\$	21.
22. Inspection Fees = total of Col. F (lines $8+9+11$) x .00025		rui lines 17	unough 2	.s, use C	Joiuilli F Only		\$	22.
23. Tax Due = lines 19+20+21+22							\$	23.

I declare under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Signature of Taxpayer	Title	Date
Signature of Preparer Other Than Taxpayer	Email	Date

TAT-
MVF

THREE AFFILIATED TRIBES MOTOR VEHICLE FUEL SCHEDULE OF GALLONS RECEIVED

SFN 22907 (2-2020)

Page 2



Check if Amended Report \Box

(Submit With Three Affiliated Trib	es Motor Vehicle Fuel Tax Report I	MVF - SFN 22907 (2-2020) Excel)	
Business Name	Federal Employer Identification Number Suffix	License Number	Reporting Period - Month and Year
Schedule Types: 1 - Gallons received in North Dakota - ND tax	•	Product Types: 055 Butane	Mode Codes: J Truck
2 - Gallons received in North Dakota - ND tax	•	061 Natural Gasoline	R Railroad
2A - Gallons received from terminals, refinerion 3 - Gallons imported into North Dakota by yo	•	065 Gasoline 079 E85	B Barge PL Pipeline
3 - Ganons imported into North Dakota by ye	our business - ND tax NOT paid	122 Blending Components 124 Gasohol	S Ship
= Opt	ional Field	241 Ethanol-Alcohol 243 Methanol	

Sch. Type	Pro. Type	(1) Carrier Name	(2) Carrier FEIN	(3) Mode	Poi	4) nt of Destination	(5) Purchased From (Seller Name)	(6) Seller FEIN	Suffix	(7) Transaction Date	(8) Document Number	(9) Net Gallons	(10) Gross Gallons	(11) Billed Gallons
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									•	I	Tatala			

Totals

THREE AFFILIATED TRIBES MOTOR VEHICLE FUEL SCHEDULE OF GALLONS DISBURSED

SFN 22907 (2-2020) Page 3

Check if Amended Report \Box

(Submit With Three Affiliated Tribes Motor Vehicle Fuel Tax Report MVF - SFN 22907 (2-2020) Excel)

(Submit With Third Armate	es motor vernere ruer rux report mivi	THE ZZJOT (Z ZOZO) EXCCI)	
Business Name	Federal Employer Identification Number Suffix License N	Number R	Reporting Period - Month and Year
Schedule Types:		Product Types:	Mode Codes:
5 - Gallons sold to retailers for resale - ND	taxable - loss allowance passed on	055 Butane	J Truck
5A - Gallons sold to retailers for resale - ND	taxable - loss allowance NOT passed on	061 Natural Gasoline	R Railroad
5Q - Gallons sold to consumers, or used - NI	taxable	065 Gasoline	B Barge
6 - Gallons sold to licensed suppliers or dis	tributors for resale - ND non-taxable	079 E85	PL Pipeline
7 - Gallons exported out of North Dakota by	your business - ND non-taxable	122 Blending Componen	ts S Ship
8 - Gallons sold to agencies of the U.S. Gov	ernment - ND tax-exempt (or tax credit taken	124 Gasohol	GS Gas Station
10 - Gallons sold to Native Americans - ND t	ax-exempt	241 Ethanol-Alcohol	CE Summary
10F - Gallons delivered to tax-free storage, or		243 Methanol	
10G - Gallons sold from tax-naid inventory	= Optional Field		

Sch. Type	Pro. Type	(1) Carrier Name	(2) Carrier FEIN	(3) Mode	(Poir Origin	4) nt of	(5) Sold To Purchaser Name) (6) Purchaser FEIN Suffix Date		(6) (7) (8) Purchaser FEIN Suffix Date Number		(9) Net Gallons	(10) Gross Gallons	(11) Billed Gallons
		Name	12114	Mode	Origin	Destination	(Furchaser Name)	r Lan	Dute	11450.		Guilons	Ganons
								İ					
						•	'		1	Totals			

If you are paper filing your tax report and schedules and are paying tax due by check, please mail the following:

- Original, signed tax report and schedules
- Completed payment voucher (below)
- Check payable to the ND State Tax Commissioner

Electronic filing and payment options are available. Please go to www.nd.gov/tax/tap for more information.

Please cut along perforation and return bottom portion along with payment

FORM ND-MVF - MOTOR VEHICLE FUEL TAX REPORT PAYMENT VOUCHER

North Dakota Office of State Tax Commissioner SFN 22937 (2-2020)

Business Name (as it appears on the fuel license)
Mailing Address
City, State, ZIP Code

Federal Employer Identification Number . . . Period Ending (mm/dd/yyyy). Payment Amount ▶

- Reports and payments due on the 25th day of the month following the report period
- Mail payment and voucher to: Office of State Tax Commissioner

600 E. Boulevard Ave., Dept. 127 Bismarck, ND 58505-0599

• Make payable to: ND State Tax Commissioner