

THREE AFFILIATED TRIBES SPECIAL FUEL TAX REPORT



OFFICE OF STATE TAX COMMISSIONER
AS CONTRACTOR FOR THREE AFFILIATED TRIBES TAX COMMISSIONER
SFN 22915 (2-2020)

						TAT		
Reporting Period - Month and Year		Check i	f Amended Re	port		SFD		
Business Name (as it appears on your license)	L			Telephone Number		FEIN	Suffix]
Address	City		State	ZIP Code		License Number		1
This report is due on or before the 25th of the month	Column A	Column B	Column C	Column D	Column E	Column F	Column G	1
Mail to: Office of State Tax Commissioner	CNG	Undyed	Dyed	Other Heating	Unblended	Other		1
600 E. Boulevard Ave., Dept. 127 Bismarck ND 58505-0599	Compressed Natural Gas (CNG)	Diesel Fuel & Biodiesel/Soy	Diesel Fuel & Biodiesel/Soy	Kerosene Waste Oil	Dyed & Undyed B99/B100	Blending Components	Column	1
Check box to cancel license	Liquid Natural	Blended with	Blended with		& Soy Oil	Components	Totals	
Attach license. Cancellation date	Gas (LNG) Product 224, 225	Diesel Fuel Product 160	Diesel Fuel Product 228	Product 072, 142, 091	Product 284, 285, 290	Product 122		
~~Do not make an entry in a shaded area~~								
1. Inventory forward = last month's line 12 entries								1.
2. Gallons mfg., purchased, imported = Schedules 1+2+2A+	-3							2.
3. Product transfers (+ or -) within tax type SFD								3.
4. Gallons taxable at \$.23 per gallon = Schedules 5+5Q								4.
5. Gallons from \$.23 per gal. tax-pd. inven. = Schedule 10G								5.
6. Net gallons taxable at \$.23 per gallon = lines 4-5								6.
7. Gal. taxable \$.00 per gal.= Schs. 10A Heating Fuel or LNG	G							7.
8. Gallons taxable \$.04 per gallon = Schedules 5X+5Y								8.
9. Gallons ND non-taxable = total of Schedules 6+7+10F								9.
10. Gallons ND tax-exempt = Schedules 8+10								10.
11. Book inventory = lines 1+2+3-4-7-8-9-10								11.
12. Ending physical inventory								12.
13. Gain or (Losses) = line 12 minus line 11								13.
14. Tax due at \$.23 per gallon = \$.23 x line 6							\$	14.
15. Not used on Tribal Report								15.
16.Not used on Tribal Report								16.
17. Tax subject to allowance = lines 14+15+16							\$	17.
18. Collection allowance = .01 x line 17 (maximum \$300.00)							\$	18.
19. Total tax due = lines 17-18	For line	s 1 through 16,	enter the total	of Columns A th	rough F in Colu	umn G	\$	19.
20. Penalty = $.05 \times 10^{-10} = .05 \times 10^{-10} = .00 \times 1$		Eor li	nos 17 through	23, use Column	Conly		\$	20.
21. Interest = .01 per month x line 19		FOI II	nes 17 tinough	25, use coluilli	G Only		\$	21.
22. Insp. Fees = total of Col. G - Col. A (lines 6+7+8+10 x .0002	25)						\$	22.
23. Tax Due = lines 19+20+21+22							\$	23.
I declare under the penalties of North Dakota Century Code § accompanying schedules and statements, has been examined						I matter, that this r	eturn, including any	
Signature of Taxpayer	Title	·	Da	<u> </u>	TAT_			

Signature of Taxpayer	Title	Date	TAT-
Signature of Preparer Other Than Taxpayer	Email	Date	SFD

THREE AFFILIATED TRIBES SPECIAL FUEL SCHEDULE OF GALLONS RECEIVED

SFN 22915 (2-2020)

Page 2

Check if Amended Report \square

Totals

(Submit With Three Affililiated Tribes Special Fuel Tax Report SFD - SFN 22915 (2-2020) Excel)

Business Name	Federal Employer Identification Numb	per Suffix License Number	Reporting Period - Month and Year
Schedule Types:		Product Types:	Mode Codes:
1 - Gallons received in North Dakota - tax pa	id 072 Not Use	ed 224 Not Used	J Truck
2 - Gallons received in North Dakota - tax NO	OT paid 091 Not Use	ed 225 Not Used	R Railroad
2A - Gallons received from terminals, refinerie	es, tax 122 Blendin	ng Components 228 Not Used	B Barge
NOT paid	142 Not Use	ed 284 Biodiesel - Undye	ed (B100) PL Pipeline
3 - Gallons imported into North Dakota by yo	our 160 Diesel F	Fuel - Undyed 285 Soy Oil	S Ship
business - tax NOT paid		290 Not Used	
= Opt	cional Field		

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
									<u> </u>					
			l								I			-

THREE AFFILIATED TRIBES SPECIAL FUEL SCHEDULE OF GALLONS DISBURSED

SFN 22915 (2-2020)

Page 3

Check if Amended Report \Box

(Submit With Three Affililiated Tribes Special Fuel Tax Report SFD - SFN 22915 (2-2020) Excel)

Business Name	Federal Employer Identification Number	Suffix License Number	Reporting Peri	od - Month and Year
Schedule Types: 5 - Gallons sold to retailers for resale - \$.23 5Q - Gallons sold to consumers, or used - \$.25 5X - Not Used 5Y - Not Used 6 - Gallons sold to licensed suppliers or dist 7 - Gallons exported out of North Dakota by 8 - Gallons sold to agencies of the U.S. Gove 10 - Gallons sold to Native Americans - tax-e 10A - Gallons sold for Heating Fuel Or LNG (Action of the Consumers) 10F - Gallons sold from tax-paid inventory	ributors for resale - non-taxable your business to - non-taxable ernment - tax-exempt (or tax creexempt g.Indus,RR) Tax-exempt terminal	edit taken) 091 122 142 160 224 228 228 285	/pes: Not Used Not Used Blending Components Not Used Diesel Fuel - Undyed Not Used Not Used Not Used Biodiesel - Undyed (B100) Soy Oil Not Used	Mode Codes: J Truck R Railroad B Barge PL Pipeline S Ship GS Gas Station CE Summary

Sch. Type	Pro. Type	(1) Carrier Name	(2) Carrier FEIN	(3) Mode	(Poi Origin	4) nt of Destination	(5) Sold To (Purchaser Name)	(6) Purchaser FEIN	Suffix	(7) Transaction Date	(8) Document Number	(9) Net Gallons	(10) Gross Gallons	(11) Billed Gallons
											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-SFD - SPECIAL FUELS TAX REPORT PAYMENT VOUCHER

North Dakota Office of State Tax Commissioner SFN 22942 (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

SFD