



**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**  
**SFD**

Reporting Period - Month and Year		Check if Amended Report <input type="checkbox"/>						
Business Name (as it appears on your license)				Telephone Number		FEIN	Suffix	
Address		City	State	ZIP Code		License Number		
This report is due on or before the 25th of the month Mail to: Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127 Bismarck ND 58505-0599  Check box to cancel license <input type="checkbox"/> Attach license. Cancellation date _____		<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>	<b>Column E</b>	<b>Column F</b>	<b>Column G</b>
		<b>CNG</b>	<b>Undyed</b>	<b>Dyed</b>	<b>Other Heating</b>	<b>Unblended</b>	<b>Other</b>	
		Compressed Natural Gas (CNG) Liquid Natural Gas (LNG) Product 224, 225	Diesel Fuel & Biodiesel/Soy Blended with Diesel Fuel Product 160	Diesel Fuel & Biodiesel/Soy Blended with Diesel Fuel Product 228	Kerosene Waste Oil Product 072, 142, 091	Dyed & Undyed B99/B100 & Soy Oil Product 284, 285, 290	Blending Components Product 122	<b>Column Totals</b>
<b>~~Do not make an entry in a shaded area~~</b>								
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								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 . . . . .		<b>For lines 1 through 16, enter the total of Columns A through F in Column G</b>					\$	19.
20. Penalty = .05 x line 19 (minimum \$5.00) . . . . .		<b>For lines 17 through 23, use Column G only</b>					\$	20.
21. Interest = .01 per month x line 19 . . . . .							\$	21.
22. Insp. Fees = total of Col. G - Col. A (lines 6+7+8+10 x .00025)							\$	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-**  
**SFD**





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](http://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**