

Signature of Preparer Other Than Taxpayer

TURTLE MOUNTAIN SPECIAL FUEL TAX REPORT

OFFICE OF STATE TAX COMMISSIONER AS CONTRACTOR FOR TURTLE MOUNTAIN TRIBE TAX COMMISSIONER SFN 23010 (2-2020)

Email

						I M		
Reporting Period - Month and Year		Check i	if Amended Re	eport		SFD		
Business Name (as it appears on your license)	1			Telephone Number		FEIN	Suffix	
Address	City		State	ZIP Code		License Number	· · · · · · · · · · · · · · · · · · ·	
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/Sov	Diesel Fuel & Biodiesel/Soy	Kerosene Waste Oil	Dyed & Undyed B99/B100	Blending Components	Column	
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								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	es 1 through 16,	enter the total	of Columns A th	rough F in Col	ımn G	\$	19.
20. Penalty = .05 x line 19 (minimum \$5.00)		For li	ines 17 through	23, use Column	G only		\$	20.
21. Interest = .01 per month x line 19		10111	ines 17 tillough	25, use column	dolliy		\$	21.
22. Insp. Fees = total of Col. G - Col. A (lines 6+7+8+10 x .0002	5)							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						l matter, that this r	return, including any	
Signature of Taxpayer	Title		Da	ite	□ TM-			

Date

SFD

TURTLE MOUNTAIN SPECIAL FUEL SCHEDULE OF GALLONS RECEIVED

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(Submit With Special Fuel Tax Report SFD - SFN 23010 (2-2020) Excel)

Check if Amended Report

Schedule Types: 1 - Gallons received in North Dakota - tax paid 2 - Gallons received in North Dakota - tax NOT paid 2A - Gallons received from terminals, refineries, tax NOT paid Product Types: O72 Not Used 224 Not Used 225 Not Used 225 Not Used 3 Truck R Railroad R Railroad 28 Not Used B Barge B Barge 142 Not Used 284 Biodiesel - Undyed (B100) PL Pipeline	Business Name	Federal Employer Identi	fication Number Suffix	License Number		Repo	Reporting Period - Month and Yea			
3 - Gallons imported into North Dakota by your business - tax NOT paid = Optional Field = Optional Field 285 Soy Oil 290 Not Used	 Gallons received in North Dakota - tax Gallons received in North Dakota - tax Gallons received from terminals, refine NOT paid Gallons imported into North Dakota by business - tax NOT paid 	NOT paid ries, tax your	091 Not Used 122 Blending Compo 142 Not Used	224 Not U 225 Not U 228 Not U 284 Biodie dyed 285 Soy C	sed sed esel - Undyed (Oil	B100)	J Truck R Railroad B Barge PL Pipeline			
Sch. Pro. Carrier Carrier Point of Purchased From Seller Transaction Document Net Gross B	Sch. Pro. Carrier Carrier	Point of	Purchased From	Seller	Transaction	Document	Net	Gross	(11) Billed Gallons	

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Totals

TURTLE MOUNTAIN SPECIAL FUEL SCHEDULE OF GALLONS DISBURSED

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(Submit With Special Fuel Tax Report SFD - SFN 23010 (2-2020) Excel)

Federal Employer Identification Number | Suffix | License Number

Check if Amended Report \Box

Business Name	Federal Employer Identification Number Suffix L	icense Number	Reporting Period - Month and Year
Schedule Types: 5 - Gallons sold to retailers for resale - \$.2 5Q - Gallons sold to consumers, or used - \$. 5X - Not Used 5Y - Not Used 6 - Gallons sold to licensed suppliers or dis 7 - Gallons exported out of North Dakota b 8 - Gallons sold to agencies of the U.S. Gov 10 - Gallons sold to Native Americans - tax- 10A - Gallons sold for Heating Fuel Or LNG (A) 10F - Gallons delivered to tax-free storage, of 10G - Gallons sold from tax-paid inventory	23 per gallon taxable tributors for resale - non-taxable y your business to - non-taxable ternment - tax-exempt (or tax credit take exempt tg.Indus,RR) Tax-exempt	228 Not Used 284 Biodiesel - Undyed 285 Soy Oil	PL Pipeline d 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	r Suffix	(7) Transaction Date	(8) Document Number	(9) Net Gallons	(10) Gross Gallons	(11) Billed Gallons
				I		l		•		l				

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

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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) ▶

- 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

Office of State Tax Commissioner 600 E. Boulevard Ave., Dept. 127 Bismarck, ND 58505-0599 Make payable to:
 ND State Tax Commissioner

Payment Amount ▶

SFD