



Form
GT-103DR
State Form 55500
(R4 / 10-25)

Indiana Department of Revenue
Recap of Gasoline Use Tax by Distributors
For the Month of: _____

Important: This form must be filed even when no transactions have occurred.

Taxpayer Information

Taxpayer Name		DBA		Taxpayer Identification Number (TID)	
Street Address				Federal Identification Number (FID)	
City or Town		State	ZIP Code	Telephone Number	

Gallon Summary

Receipts - Schedule 1	Total Gallons Purchased	Gasoline Use Tax Paid
Gasoline		
Gasohol		
Total Gallons of Fuel Purchased		

Disbursements - Schedule 2	Total Gallons Sold	Total Exempt Gallons Sold	Gasoline Use Tax Collected
Gasoline			
Gasohol			
Total Gallons of Fuel Sold			

Printed Name: _____ Title: _____

Signature: _____ Date: _____

For questions contact the department at:

(317) 615-2630

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