**Sch-1R**
State Form 55501
(R2 / 8-14)

# Schedule 1: Receipts

**Product Code:** _____

| Name of Supplier | Point of: | | Supplier FID | Indiana TID | Total Gallons Purchased | Gasoline Use Tax Paid to Supplier |
|---|---|---|---|---|---|---|
| | Origin State | Destination State | | | | |
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