



SF# 49091  
(R3 \ 12-08)

## Schedule 501B Terminal Operator's Schedule of Disbursements

|                        |                |      |               |            |
|------------------------|----------------|------|---------------|------------|
| Terminal Operator Name | License Number | FEIN | Terminal Code | Month/Year |
|------------------------|----------------|------|---------------|------------|

You may photocopy this blank schedule for future filings. Attach additional sheets if necessary.

Please see the product code matrix on the Web site at [www.in.gov/dor/reference/files/code-matrix.pdf](http://www.in.gov/dor/reference/files/code-matrix.pdf)

| Transporter Information |             |             |                             | Position Holder Information |             |                         |                           | (9)<br>Net<br>Gallons | (10)<br>Gross<br>Gallons | (11)<br>Position Hold-<br>er's Customer<br>Name | (12)<br>Position<br>Holder's<br>Customer<br>FEIN |
|-------------------------|-------------|-------------|-----------------------------|-----------------------------|-------------|-------------------------|---------------------------|-----------------------|--------------------------|---|--|
| (1)<br>Name             | (2)<br>FEIN | (3)<br>Mode | (4)<br>Destination<br>State | (5)<br>Name/<br>Address     | (6)<br>FEIN | (7)<br>Document<br>Date | (8)<br>Document<br>Number |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
|                         |             |             |                             |                             |             |                         |                           |                       |                          |   |  |
| <b>Total</b>            |             |             |                             |                             |             |                         |                           |                       |                          |   |  |

**Instructions for Completing  
Terminal Operator's Schedule of Disbursements  
Schedule 501B**

**Before You Begin:**

Enter your identifying information as it is reflected on your Indiana Fuel Tax License.  
*(Be certain to complete a separate schedule for each fuel product type that you circle.)*

**Column Instructions:**

**Columns 1 and 2:** Enter the name and Federal Employer's Identification Number (FEIN) of the company that transports the fuel. **This may be you.**

**Column 3:** Enter the mode of transport: One of the following codes should be used for each entry.

|    |   |          |    |   |                                    |
|----|---|----------|----|---|------------------------------------|
| J  | = | Truck    | S  | = | Ship (Great Lakes or Ocean Vessel) |
| R  | = | Rail     | ST | = | Stock Transfer                     |
| B  | = | Barge    | BA | = | Book Adjustment                    |
| PL | = | Pipeline |    |   |                                    |

**Column 4:** Enter the destination state to which the fuel was transported.

**Columns 5, 6, 7 and 8:** Enter the position holder's information as well as the shipping document date and number.

**The Position Holder is the person who owns/leases storage space in the terminal.**

**Column 9:** Enter the net gallons received. The grand total of all Schedule-501B, Column 9, should be carried to the FT-501, Terminal Operator's Monthly Return.

**Note:** You must subtotal by position holder on the Schedule-501B and carry these subtotals to Schedule 501I, column 5.

**Column 10:** Enter the gross gallons disbursed.

**Columns 11 and 12:** Enter the position holders customer name and Federal Employer's Identification Number (FEIN).