STATE OF ARKANSAS
Department of Finance and Administration

REVENUE DIVISION
MOTOR FUEL TAX SECTION
P. O BOX 1752
LITTLE ROCK, AR 72203-1752
Phone: (501) 682-4800
Fax:(501) 682-5599
www.arkansas.gov/dfa

ETHANOL PRODUCED FOR INDIVIDUAL USE
Report Form

CALENDAR YEAR _____

PLEASE PRINT OR TYPE

Name_____FEIN/SSN_____

Mailing Address _____Phone Number_____

City_____State_____Zip Code_____

Physical location of production facility_____

1) Total Gallons of Ethanol Produced…… _____

2) Arkansas Ethanol Tax Rate (View current Tax Rate at www.dfa.arkansas.gov/motorfueltax) _____

3) ARKANSAS MOTOR FUEL TAX DUE (Multiply Line 1 by Line 2)…….**_____**

PLEASE MAKE CHECK PAYABLE TO THE DEPARTMENT OF FINANCE & ADMINISTRATION
AND MAIL TO : **MOTOR FUEL TAX SECTION P.O. BOX 1752 LITTLE ROCK, AR. 72203-1752**

APPLICANT AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THIS FORM IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE AND COMPLETE.

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Applicant's Signature Date

*THIS REPORT DOES NOT INCLUDE THE FEDERAL EXCISE TAX