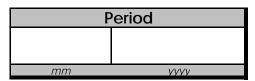
Pursuant to NJSA 54:39-101 et seq

01-2011



## State of New Jersey



Attach to Form RMF-10

Use more than one Schedule if needed

## RMF309 Schedule of Tax Paid LPG Purchases

Taxpayer Name

Taxpayer ID Number

| Line _                      | Date | Seller | Document #                       | Gallons |
|-----------------------------|------|--------|----------------------------------|---------|
| 1                           |      |        |                                  |         |
| 2                           |      |        |                                  |         |
| 3                           |      |        |                                  |         |
| 4                           |      |        |                                  |         |
| 5                           |      |        |                                  |         |
| 6                           |      |        |                                  |         |
| 7                           |      |        |                                  |         |
| 8                           |      |        |                                  |         |
| 9                           |      |        |                                  |         |
| 10                          |      |        | ļ                                |         |
| 11                          |      |        |                                  |         |
| 12                          |      |        |                                  |         |
| 13                          |      |        |                                  |         |
| 14                          |      |        |                                  |         |
| 15                          |      |        |                                  |         |
| 16                          |      |        |                                  |         |
| 17                          |      |        |                                  |         |
| 18                          |      |        |                                  |         |
| 19<br>20                    |      |        |                                  |         |
| 20                          |      |        |                                  |         |
| 21                          |      |        |                                  |         |
| 22                          |      |        |                                  |         |
| 24                          |      |        |                                  |         |
| 25                          |      |        |                                  |         |
| -~L                         |      | 1      |                                  |         |
| Total Gallons               |      |        |                                  |         |
|                             |      |        | Tax Rate                         | X 5¼¢   |
| Total Tax Paid on Purchases |      |        |                                  |         |
|                             |      |        | Multiply Total Gallons by 0.0525 |         |

Enter this amount on RMF-10, Line 9