

STATE OF NEW JERSEY
DIVISION OF TAXATION
MOTOR FUEL TAX

**MULTIPLE SCHEDULE OF ADJUSTMENTS
TO PREVIOUS MONTHLY REPORTS**

(Use a SEPARATE form for each line and product)

PRODUCT CODE ** _____

FID No. _____

Company Name: _____ Month of _____

For Line (check one box):

LINE 22 Add Adjustments of Previous Months

LINE 23 Less Adjustments of Previous Months

**** PRODUCT CODE (PC) – TYPE OF PRODUCT**

A – Gasoline D – Quantity Extender
B – Alcohol/Gasoline E – Other (Identify)
C – Aviation Gasoline

(1) Name of Carrier	(2)		(3) Sold To	(4) Purchaser Federal ID No.	(5) Date MM / DD / YY	(6) Document No.	(7) Gallons	(8) Other
	Origin	Destination						
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TOTAL								