

**MFT-60
(08-04)**

State of New Jersey
Division of Taxation
Motor Fuel Tax
Storage Facility Operator Report

THIS RETURN MUST BE FILED BY THE 20th DAY OF THE MONTH FOLLOWING THE CLOSE OF THE REPORT PERIOD

Taxpayer Name	Federal ID #	Report for the Month of
Street Address		Mail To This Address: New Jersey Division of Taxation Motor Fuel Section PO Box 243 Trenton, NJ, 08646-0243
City	State Zip	

	OWNERSHIP	PRODUCT TYPE	BEGINNING INVENTORY	RECEIPTS FOR REPORTING MONTH	DISBURSMENTS FOR REPORTING MONTH	ENDING INVENTORY
	Column – A	Column – B	Column – C	Column – D	Column – E	Column – F
1	GASOLINE (OWNED)	6				
2	SPECIAL FUELS (OWNED)					
3	SPECIAL FUELS (OWNED)					
4	SPECIAL FUELS (OWNED)					
	LEASED STORAGE SPACE ENTER LESSEE'S NAME	PRODUCT TYPE	BEGINNING INVENTORY	RECEIPTS FOR REPORTING MONTH	DISBURSMENTS FOR REPORTING MONTH	ENDING INVENTORY
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

PRODUCT TYPE: 1 – KEROSENE 2 – NO. 2 FUEL OIL
 6 – GASOLINE 3 – DIESEL FUEL (NO. 1 DIESEL FUEL, NO. 2 DIESEL FUEL AND ENHANCED NO. 2 FUEL OIL)

I declare, under the penalties provided by law, that all of the information contained in this return is true and accurate in every particular.

_____ Title Date
 Signature of Authorized Officer of Taxpayer

_____ Date
 Signature of Individual or Firm Preparing Return Federal Identification Number

INSTRUCTIONS FOR COMPLETING THE MONTHLY STORAGE FACILITY OPERATORS REPORT

Report the storage of Gasoline and Special Fuels owned and leased each month on this form. Eliminate the use of tenths. Use whole figures only.

FOR EACH LINE ITEM PLEASE COMPLETE EACH COLUMN.

- Line 1:** *Gasoline (Owned):*
 Gasoline owned by the storage facility operator.
- Lines 2-4:** *Special Fuels (Owned):*
 Special Fuels owned by the facility operator.
- Lines 5-20:** *Leased Space:*
 Enter the company names of all the lessees using storage at this reporting facility for the reporting month.

FOR EACH ITEM PLEASE COMPLETE EACH COLUMN.

- Column A:** *Ownership:*
 Report fuel ownership.
- Column B:** *Product Type:*
 Report product type by the code from the bottom of the return.
- Column C:** *Beginning Inventory:*
 Record the Actual Physical inventory for each product type, by ownership, on hand the first day of every month in the reporting storage facility.
- Column D:** *Receipts for the Reporting Month:*
 Record total gallons received, by product type and ownership, at the reporting storage facility for the month.
- Column E:** *Disbursements for the Reporting Month:*
 Record total gallons leaving, by product type and ownership, the reporting storage facility for the month.
- Column F:** *Ending Inventory:*
 Record the actual physical inventories, by product type and by ownership, on hand at the close of business on the last day of the reporting month.