

Division use only — DLN Stamp

Division use only — Date Stamp



# State of New Jersey

attach this schedule to Form RMF-10

W^A [ !^A @ A } ^U & a ^ A A ^ a a

Period	
mm	yyyy

Pursuant to NJSA 54:39-101 et seq  
10-2010

**RMF411**

## Schedule of Aviation Fuels Exempt from AST

Taxpayer Name

Taxpayer ID Number

	Date	Customer	Customer Address	Gallons Sold
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

Total for this Schedule

Enter this amount on RMF-10, Line 11