



Form  
**GT-103DR**  
 State Form 55500  
 (1-14)

Indiana Department of Revenue  
**Recap of Gasoline Use Tax by Distributors**  
 For the Month of: \_\_\_\_\_

**Important:** This form must be filed even when no transactions have occurred.

**Taxpayer Information**

Taxpayer Name		DBA	Taxpayer Identification Number (TID)	
Street Address			Federal Identification Number (FID)	
City or Town	State	ZIP Code	Telephone Number	

**Gallon Summary**

	Total Gallons Purchased	Gasoline Use Tax Paid
<b>Receipts - Schedule 1</b>		
Gasoline		
Gasohol		
Total Gallons of Fuel Purchased		

Disbursements - Schedule 2	Total Gallons Sold	Total Exempt Gallons Sold	Gasoline Use Tax Collected
Gasoline			
Gasohol			
Total Gallons of Fuel Sold			

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For questions contact the department at:  
 (317) 615-2552  
[fetax@dor.in.gov](mailto:fetax@dor.in.gov)

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