

Indiana Department of Revenue Recap of Prepaid Sales Tax by Distributors

IMPORTANT: This form must be filed even when no transactions have occured.

Taxpayer Identification Number		2. For Tax Period (month/year)		3. Federal Identification Number					
4. Taxpayer Name		5. Doing Business as Name (DBA)		6. Telephone Number					
7. Street Address, City, State	te Zip Code	Qualified		Distributor Status (Check One) Distributor lified Distributor					
9. Which sales tax return are you filing (Check One) ST-103 □ ST-103MP □ None □									
NOTE: THIS FORM MUST BE PRINTED OR TYPED									
Section I: From Whom Did You Buy Fuel?									
10. Name of Supplier	11. Address of Supplier	12. Supplier Federal ID Number			14. Prepaid Sales Tax Paid to Supplier				
Note: You Must Complete <u>E</u>	BOTH Sides of this Form	15. Grand Totals							
Instructions for Section I									
 Provide your Indiana Taxpayer Identification Number (TID). What Tax Period (month/year) Note: This report is due the last day of the month following the reporting period. Enter your Federal Identification Number (FID). Provide the Taxpayer's legal name. List the Doing Business as Name for your company. Please list your company's telephone number including area code. Provide your business address. Check your Distributor Status. Check which tax return you are filling. List the names of the companies you purchase from. List the address of the companies you purchase from. List your supplier's Federal Identification Number. List total gallons purchased from each supplier. Provide the amount of prepaid sales tax you paid each supplier. Total the number of gallons purchased and the amount of prepaid sales tax paid for the reporting month. This report must be filed MONTHLY. It is due on the last day of the month following the reporting period.									
☐ Please check this box if your business has permanently closed and provide the closed date//									

SECTION II To Whom Did You Sell Fuel?								
16. Customer's Name	17. Customer's Address	18. Customer's Federal ID Number	19. Total Gallons Sold	20. Exempt Gallons Sold	21. Prepaid RST Collected			
All Gallons EXEMPTED and	d TAXED must be shown	22. Total						
Instructions for Section II								
17. List your Customer's Ac 18. List your Customer's Fe 19. List the total gallons of g 20. List the total tax exempt 21. List the total amount of F 22. Total the amounts of all		Mail to: Indiana Department of Revenue Excise Tax P.O. Box 6114 Indianapolis, IN 46206-6114 (317) 615-2552						
Printed Name		Authorized Signature		Title	Date			