



Missouri Department of Revenue
Transporter Report

Document Locator Number

Select If An Amended Report
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Contact Information	Company Name				Month and Year ____/____
	Street Address		P.O. Box	License Number	Federal Employer Identification Number
	City	State	ZIP Code	Telephone Number (____)____-____	Missouri Tax Identification Number

Must Be Filed Every Reporting Period

Petroleum Transported		Gross	Net
		1. Total gallons of petroleum product loaded at a Missouri terminal or bulk plant delivered to another state. (Attach Schedule 1A)	1.
2. Total gallons of petroleum product loaded at an out-of-state terminal or bulk plant and delivered in Missouri (Attach Schedule 2A)	2.		
3. Total gallons of petroleum product loaded at a Missouri terminal or bulk plant and delivered in Missouri (Attach Schedule 3A)	3.		
4. Total gallons of petroleum transported (Total of Lines 1 through 3)	4.		

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.			
	Signature	Print Name	Title	Date (MM/DD/YYYY) ____/____/____

Form 4782 (Revised 05-2014)

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Visit <http://dor.mo.gov/business/fuel/>
 for additional information.

