NAME AND ADDRESS Sharon Gas & Oil, Inc. 123 Main Street Cheyenne, WY 82001

WYOMING DISTRIBUTOR, IMPORTER, EXPORTER MONTHLY TAX RETURN

Wyoming Department of Transportation Fuel Tax Administration 5300 Bishop Boulevard Cheyenne, WY 82009-3340

Phone: 307-777-4826 Fax: 307-777-4769

WYOMING FUEL TAX LICENSE NO. 83-1234567M0200 Check here if new mailing address. Check here if this is an amended tax return. Attach corrected schedules & Check this box to cancel. Attach your license and indicate effective date	Check here if new mailing address. Check here if this is an amended tax return. Attach corrected schedules & supporting documentation.					Avi: Sch: File:	
	Uniform Schedule		Blending Components Incl. Natural Gas	Aviation Gasoline	Jet Fuel	Undyed Diesel Includes Undyed Kerosene	Dyed Diesel Includes Dyed Kerosene
Inventory and Receipts (schedule information)							
1 Actual metered/dipped beginning WY inventory (must agree with prior month's ending inventory)		44,857	35,538	19,485	21,210	44,734	24,184

Total gallons purchasedTAX PAID	1A	9,400		8,500	9,000	13,001	6,000
Total gallons purchasedTAX UNPAID	2B, 2C	18,305	6,000				
Total gallons purchased for exportTAX UNPAID	2E	27,000	3,000			9,504	
Transfers (minus from one product-plus to the other product) See instructions for transfers.		8,000	(8,000)				
Total gallons available to distribute (add Lines 1 through 5)		107,562	36,538	27,985	30,210	67,239	30,184
DISBURSEMENTS (schedule information)							
Total gallons sold 100% tax paid-(include Sub-Schedule Schedule 6B is for WY-5 Column 7 total for Ag gallons) Blending Components Only	5, Sub-Sch WY5, 6B	4,600	4,560	1,200	9,000	5,200	6,402
Total Agricultural gallons exempt the motor fuel tax (Sub-Schedule <i>WY-5 Column 8 total</i>)	Sub-Sch WY5	1,400					
Wyoming TAX-PAID gallons EXPORTED by you (destination state required on schedule)	7B	5,882				4,500	
Total exempt- gallons sold & subject to refund(add Lines 8 & 9)		7,282				4,500	
Total TAX-UNPAID gallons exported by you (destination state required on schedule)	7	30,000	4,300			9,504	
Total gallons disbursed(add Lines 7, 10, and 11)		41,882	8,860	1,200	9,000	19,204	6,402
Actual Gain/loss in monthly WY ending inventory		50	(75)	40	(6000)	30	(65)
Actual metered/dipped WY ending inventory		65,730	27,603	26,825	15,210	48,065	23,717

Fuel Tax Computation		Gasoline Includes Gasohol	Blending Components Incl. Natural Gas	Aviation Gasoline	Jet Fuel	Undyed Diesel Includes Undyed Kerosene	Dyed Diesel Includes Dyed Kerosene
Total TAX UNPAID gallons purchasedLine 3		18,305					
Motor fuel tax rate(s)		\$0.13		\$0.04	\$0.04	\$0.13	
7 Additional license tax (A.L.T.) tax rate		\$0.01		\$0.01	\$0.01	\$0.01	\$0.01
Motor fuel taxes due(Line 15 times Line 16)		\$2,379.65					
A.L.T. taxes due(Line 15 times Line 17)		\$183.05					
Total Taxes Due(Line 18 plus Line 19)		\$2,562.70					
Taxes paid and (subject to refund) (Line 10 times Line 16)		(\$946.66)				(\$585.00)	
A.L.T. Tax paid and (subject to refund)(Line 9 times Line 17)		(\$58.82)				(\$45.00)	
Authorized Credit or Billings. Contact Department for authorization to use these lines for transfers in inventory, diverted loads or bad debt loss. Attach billing/credit notice if applicable. Note: the tax due on blending		\$650.00					
components used during the month should be reported on these lines, 23 for the motor fuel tax and 23a for the additional license tax.		\$50.00					
Shrinkage Credit: Total eligible gallons. See instructions to determine eligible gallons.		27705		8500	9000		
Total shrinkage motor fuel tax credit(Line 24 times .01 times Line 16)		(\$36.02)		(\$3.40)	(\$3.60)		
Total shrinkage additional license tax credit(Line 24 times .01 times Line 17)		(\$2.77)		(\$0.85)	(\$0.90)		
Fuel taxes due or (subject to refund) (Line 20 through 23a plus 24a and 24b)		\$2,218.43		(\$4.25)	(\$4.50)	(\$630.00)	
I declare that everything contained on this return is a true and accurate stateme	nt. Iam	authorized to sign this retu	n.			Total tax due or (to be refunded) Penalty (10% of total tax due)	\$1,579.68
						Interest (1% of total tax due times number of months late)	
			_			Balance due or (to be refunded)	
COMPANY NAME FEIN		REPORT PERIOD	_				
PRINT NAME OF PREPARER PHONE NUMBER		-	AUTHORIZED SIGNATURE		TITLE		DATE

Note: Please use (parentheses) to indicate negative or refund.

For Office Use Only:

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