72A080 (10-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

REPORT OF GASOLINE RECEIVED FROM LICENSED KENTUCKY DEALERS

Tax Paid by Consignee

Name and Address of Dealer

Report for Month of

_____ , 20____

INSTRUCTIONS: This form must be completed by all licensed gasoline dealers who have received gasoline fuels tax-free from other licensed Kentucky gasoline dealers. Use a separate line for each shipment. Attach this form to Form 72A089.

Name and Address of Consignor *(List vendor on succeeding line if different from consignor)*	Carrier	Truck No. Car Initial and No.	Origin	Destination	Invoice Number	Date of Shipment	Date of Receipt	Gallons Received
							TOTAL*	

**Total receipts from Kentucky dealers must equal line 1, Form 72A089.*