72A153 (10-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

REPORT OF SPECIAL FUELS RECEIVED FROM LICENSED KENTUCKY DEALERS

Tax Paid by Consignee

Name and Address of Dealer	Report for Month of _____ , 20_____	**INSTRUCTIONS:** This report must be completed by all licensed special fuels dealers who have received special fuels from other licensed Kentucky special fuels dealers. Use a separate line for each shipment. Attach this report to Form 72A138.

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 72A138.*