

For the Six Month Period of:
 _____ Thru _____
 Year _____
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Form RT115R (07/05)

Schedule of Sales To New Hampshire Retail Dealers

General Instructions

This schedule (RT115R) is to be completed by the Distributor and attached to the form RT115, **Road Toll Refund Application–Retail Dealer** to support the gallons on the “**Statement of Motor Fuel Sales to New Hampshire Retail Dealers**” portion of the application.

This schedule provides detail in support of the amount shown as receipts on the Retail Dealer Refund application. Each receipt of product should be listed on separate lines.

Identifying Information

Company Name, License Number and FEIN: Enter the name and numbers (if applicable) for the retail dealer shown on the retail dealers’ refund application.

Column Instructions

Columns (1) & (2): **Carrier**–Enter the name and **FEIN** of the company that transports the product.

Column (3): **Mode of Transport**–Enter the mode of transport. Use one of the following:

J=Truck R=Rail B=Barge PL=Pipeline CE=Summary

S=Ship Ocean Marine Vessel) GS=Gas Station ST=Stationary Transfer

Column (4): **Point of Origin**–Enter the location the product was transported from.

Column (5): **Acquired from**–Enter the name and FEIN of the company the product was acquired from.

Column (6): **Date Received**–Enter the date the product was received.

Column (7): **Document Number**–Enter the identifying number from the document issued at the terminal when product was removed over the rack.

Column (8) & (9): **Fuel Type**–Auto Gas or Undyed Special Fuel and **Gross Gallons**–Enter the gross gallons received.