



**Department of
Taxation**

P.O. Box 530
Columbus, OH 43216-0530

EX-2
Rev. 4/09

Monthly Exporter's Report of Receipts and Disbursements

Complete and attach enclosed schedules.

Exporter name _____ FEIN _____ Month/year _____

Street _____ City _____ State _____ ZIP _____

Check here if new address

Exporter Type A

Exporter Type B
(Check one)

1. Total gallons of all fuel received during month1.

2. Total gallons of all fuel exported from Ohio during month2.

I declare under penalties of perjury that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Authorized signature _____ Title _____

Telephone number _____ E-mail _____ Date _____

This report must be filed with the Ohio Department of Taxation, Motor Fuel Tax Compliance Unit, P.O. Box 530, Columbus, OH 43216-0530 on or before the last day of each month following the report period. Telephone inquiries (855) 466-3921; Fax (206) 350-6722.