

STATEMENT OF PAYMENTS
 MADE BY PETROLEUM WHOLESALERS
 FOR HSCA TAXED PURCHASES

FORM 9114W

THIS FORM IS TO BE ATTACHED TO PETROLEUM WHOLESALER'S MONTHLY GROSS RECEIPTS COUPON
 TO SUBSTANTIATE PAYMENTS FOR HSCA TAXED PURCHASES

1. Enter Federal Employee Identification Number OR Social Security Number

1- -

2- - -

2. Name _____

3. Address _____

4. Petroleum Total Monthly Gross Receipts: Month/Year (a) _____ (b) \$ _____
 (Must Equal Line 5 of Gross Receipts Coupon)

5. Payments for All Petroleum Purchased

Name & Address	(a) Employer ID No. / DE Business License No.	(b) Amount of Purchase	(c) HSCA Tax Paid on Purchases
▶ _____	_____	_____	_____
▶ _____	_____	_____	_____
▶ _____	_____	_____	_____
▶ _____	_____	_____	_____

* If more space is needed, use Form 9114W Supplemental Line 5

6. Total Payments for HSCA Taxed Purchases: b) \$ _____ c) \$ _____

7. Multiply Line 6(b) by 0.009. (Line 6(b) X 0.010429) = \$ _____

8. Divide Line 6(c) by Line 7. (Line 6(c) ÷ Line 7) = _____

9. Subtract Line 8 from 1.0. (1.0 - Line 8) = _____

10. Multiply the product of Line 4(b) and Line 9 rate (Line 4(b) X Line 9 X 0.010429) = \$ _____

Enter the result of Line 10 on your Monthly Gross Receipts Coupon, Line 6.

I declare under penalties as provided by law that the information on this form and any attachments are true, correct and complete.

_____ SIGNATURE	_____ TITLE	_____ DATE (Revised 20200203)
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