

MF-3A Gasohol Receipts Schedule

(REV. 12/00)

INSTRUCTIONS Use this schedule to complete Lines 2, 3, 4, and 5 on Form O-MF3, Gasohol Tax Return . Prepare a separate schedule for each schedule required. Insert schedule number and title in the spaces provided.	The purpose of this schedule is to provide information on your purchases of gasohol.	Month of
	Name of Licensed Distributor	Schedule Number
	Connecticut Tax Registration Number	Title of Schedule

Date (1)	Name of Supplier (2)	Type of Product * (3)	Method of Delivery (4)	Point of		Whole Gallons	
				Shipment (5)	Delivery (6)	Connecticut Tax Paid (7)	Connecticut Tax Not Paid (8)
TOTAL GALLONS (Transfer this total to the appropriate line on Form O-MF3, Gasohol Tax Return .)							

* Indicate type of product; for example, gasoline, gasohol, ethanol, methanol or gasoline additives.