72A124 (10-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

REPORT OF KEROSENE AND OTHER RECEIPTS RECEIVED AND/OR BLENDED

Tax Paid by Consignee

☐ KEROSENE

☐ OTHER RECEIPTS _____

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 kerosene, other receipts or any blending with special fuels. Use a separate line for each shipment and reflect the total gallons on line 4 of 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	