72A173 (10-06)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

REPORT OF SPECIAL FUELS WITHDRAWALS TO LICENSED KENTUCKY DEALERS

Tax Paid by Consignee

Name and Address of Dealer	Report for Month of _____ , 20_____	**INSTRUCTIONS:** This report must be completed by all special fuels terminal storage operators who have special fuels withdrawals to other licensed special fuels dealers. All reported withdrawals must be adjusted to 60 degrees Fahrenheit. Use a separate line for each shipment. Complete a separate form for each consignee (purchaser.) Complete this report in duplicate and attach both copies to Form 72A170.

Name and Address of Consignee	Carrier	Pipeline Run No. Truck No. Car Initial and No. Barge No.	Origin	Destination	Invoice Number	Date of Shipment	Gallons Shipped (at 60°)
						TOTAL*	

**Total withdrawals must equal amount shown on Form 72A170.*