R-5375 (7/06)

LDR
Louisiana Department of Revenue

INTERSTATE MOTOR FUELS USER QUARTERLY TAX RETURN

Mail to:
Louisiana Department of Revenue
P. O. Box 201
Baton Rouge, LA 70821-0201
(225) 219-7656 (225) 219-2114 (TDD)

FOR OFFICE USE ONLY. Field flag

○ If your name has changed, mark circle.   ○ If your address has changed, mark circle.   ○ If amended return, mark circle.   ○ If final return, mark circle.

Filing Period_____
MM/YY

IMU

	Type of fuel used: Diesel ❑ LPG ❑ Other ❑	Round to nearest Gallon/Dollar
1	Total miles traveled in all states (Schedule A, Total from Column 2)	
2	Total gallons of fuel consumed in all states (Schedule A, Total from Column 3)	
3	Average miles per gallon (Divide Line 1 by Line 2 and round to 2 decimal places.)	
4	Miles traveled in Louisiana (Schedule A, Column 2, "Louisiana" line)	
5	Fuel used in Louisiana (Divide Line 4 by Line 3.)	
6	Fuel placed in vehicles in Louisiana (Schedule B, Section 4)	
7	Taxable gallons (If Line 5 is greater than Line 6, enter the difference)	
8	Credit gallons *(If Line 6 is greater than Line 5, enter the difference)	
9	Tax due *(Multiply Line 7 by $.20.)	**9** $ _____ 00
10	Penalty (See instructions.)	**10** $ _____ 00
11	Interest (See instructions.)	**11** $ _____ 00
12	**Total amount due** (Add Lines 9, 10, and 11.) Make payment to: **Louisiana Department of Revenue** **Do not send cash.** **Pay this amount.**	**12** $ _____ 00

*No refund will be made for less than $3.00.

This return is due on or before the 25th day of the month following the period covered and becomes delinquent the first day thereafter. If the due date falls on a legal holiday or weekend, the return is due the next business day after the due date.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If a person other than the taxpayer prepares the return, this declaration is based on all the information relating to the matters required to be reported of which the preparer has knowledge.

Date	Signature	Title	Telephone number

Complete only if change in business status has occurred. Please print or type.

Date business discontinued	Date business sold	Name of purchaser

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