Form **720-CS**

(March 2001)
Department of the Treasury
Internal Revenue Service

Carrier Summary Report

For the month ending , 20 .

OMB No. 1545-1733

☐ **Corrected** ☐ **Void**

Part I Carrier

Company name	**Employer Identification Number (EIN)**

Address (number, street, room or suite number)

City, state, and ZIP code (Foreign addresses, include province and postal code as appropriate. Do not abbreviate country name.)

Contact person	Daytime telephone number	FAX number	E-mail address
	( )	( )	

Part II Transactions for the Month

Net Gallons (attach additional schedule(s) if needed)

Enter the transactions for the period on Schedules A and B, then complete lines 1 and 2 for each product code (PC). See page 5 of the instructions for the product codes.

	(a) PC:	**(b)** PC:	**(c)** PC:	**(d)** PC:
1 **Total carrier receipts.** Enter the total of net gallons from Schedule(s) A by product code.				
2 **Total carrier deliveries.** Enter the total of net gallons from Schedule(s) B by product code.				

Under penalties of perjury, I declare that I have examined this return and accompanying schedules, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ► _____ **Title, if applicable ►** _____ **Date ►** _____

(Please type or print your name below signature.)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Carrier name as shown on Form 720-CS	EIN	For the month ending (enter MM/DD/YYYY)

Schedule A Carrier Receipts From a Terminal

Product code. Enter in the columns below the information requested for the specified product code. Use additional schedule(s) for each product code. See page 5 in the instructions for product codes. ► _____

(a) Consignor EIN	(b) Consignor name	(c) Mode of transport	(d) Origin terminal TCN	(e) Document date	(f) Document number	(g) Net gallons

Total. Add amounts in column **(g)** and enter the total. Also, enter on Form 720-CS, line 1, in the column for the applicable product code. ►

Carrier name as shown on Form 720-CS	EIN	For the month ending (enter MM/DD/YYYY)

Schedule B Carrier Deliveries to a Terminal

Product code. Enter in the columns below the information requested for the specified product code. Use additional schedule(s) for each product code. See page 5 in the instructions for product codes. ► _____

(a) Consignor EIN	(b) Consignor name	(c) Mode of transport	(d) Destination terminal TCN	(e) Document date	(f) Document number	(g) Net gallons

Total. Add amounts in column **(g)** and enter the total. Also, enter on Form 720-CS, line 2, in the column for the applicable product code. ►