Form **720-TO**

(March 2001)
Department of the Treasury
Internal Revenue Service

Terminal Operator Report

For the month ending , 20 .

OMB No. 1545-1734

☐ **Corrected** ☐ **Void**

Part I Terminal Operator

Company name	**Employer Identification Number (EIN)**
Address (number, street, room or suite number)	**Form 637 Registration Number**
City, state, and ZIP code	

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

Part II Terminal

Name of terminal	**Terminal Control Number (TCN)**
Terminal location	

Part III 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 through 7 for each product code (PC). See page 5 in the instructions for the product codes.

		(a) PC:	(b) PC:	(c) PC:	(d) PC:
1	Beginning inventory.				
2	Total receipts. Enter amounts from Schedule A.				
3	Total gallons available. Add lines 1 and 2.				
4	Total disbursements. Enter amounts from Schedule B.				
5	Subtract line 4 from line 3.				
6	Stock gains and losses. Show losses in (parentheses).				
7	Actual physical ending inventory at terminal.				

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.

Terminal operator name as shown on Form 720-TO	EIN	TCN	For the month ending (enter MM/DD/YYYY)

Schedule A Terminal Operator Receipts

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) Carrier name	(b) Carrier EIN	(c) Mode of transport	(d) Document date	(e) Document number	(f) Net gallons

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

Terminal operator name as shown on Form 720-TO	EIN	TCN	For the month ending (enter MM/DD/YYYY)

Schedule B Terminal Operator Disbursements by Position Holder

Position holder (PH) name. Enter one name per page.	PH EIN	PH Form 637 Registration Number

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) Carrier name	(b) Carrier EIN	(c) Mode of transport	(d) Dest. state	(e) Document date	(f) Document number	(g) Net gallons	(h) Gross gallons
Total. Add amounts in columns **(g)** and **(h)** and enter the totals. Also, enter the amount from column **(g)** on Form 720-TO, line 4, in the column for the applicable product code ▶							