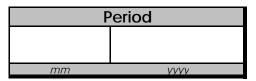


State of New Jersey



Attach to Form RMF-10

Use more than one Schedule if needed

Pursuant to NJSA 54:39-101 et seq 01-2011

RMF414 Schedule of Tax Paid Purchases

Taxpayer Name

Taxpayer ID Number

Line	Date	Seller	Document #	Gallons
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18 19				
20				
20				
22				
22				
24				
25				
-~L		1		
Total Gallons Tax Rate				
				X 2¢
			otal Tax Paid on Purchases	

Multiply Total Gallons by 0.02

Enter this amount on RMF-10, Line 14