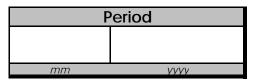


State of New Jersey



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