

MOTOR FUEL TAX QUESTIONNAIRE
(Chapter 206, F.S., Refer to Rule 12B-5.15 for appropriate form)

ATTACHMENT TO
REQUEST TO PARTICIPATE IN THE
CERTIFIED AUDIT PROGRAM
(FORM DR-342000)

Entity Name: _____

Federal Identification Number: _____

| | YES | NO |
|---|-----|-----|
| 1. Does the entity sell motor fuel, diesel fuel or aviation fuel in Florida at wholesale? | ___ | ___ |
| 2. Does the entity sell motor fuel, diesel fuel or aviation fuel in Florida at retail? | ___ | ___ |
| 3. Does the entity operate any delivery vehicles carrying fuel for sale or as delivery for others? | ___ | ___ |
| 4. Does the entity purchase or use any fuels for highway purposes on which Florida's highway tax has not been paid to the supplier? | ___ | ___ |
| 5. Does the entity sell or import any motor oils or solvent fuels into Florida? If yes, list product types _____ _____ | ___ | ___ |
| 6. Does the entity buy fuel in bulk quantities for his/her own use? If yes, what types of fuel? Check all that apply. Gasoline ___ Undyed Diesel ___ Dyed Diesel ___ Other _____ | ___ | ___ |

I declare that I have answered the above questions, and to the best of my knowledge and belief they are true, correct and complete.

Date

Signature of taxpayer

Title