

**Terminal Operator Report**

OMB No. 1545-1734

For the month ending , 20 .

☐ 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**

<b>Net Gallons</b> (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)	(b)	(c)	(d)
	PC:	PC:	PC:	PC:
<b>1</b> Beginning inventory.				
<b>2</b> Total receipts. Enter amounts from Schedule A.				
<b>3</b> Total gallons available. Add lines 1 and 2.				
<b>4</b> Total disbursements. Enter amounts from Schedule B.				
<b>5</b> Subtract line 4 from line 3.				
<b>6</b> Stock gains and losses. Show losses in (parentheses).				
<b>7</b> 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.

Cat No. 73072W

Form **720-TO** (March 2001)

EIN

TCN

For the month ending (enter MM/DD/YYYY)

**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. ► \_\_\_\_\_

[illegible]

**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.

