



Terminal Operator's Individual Account Reconciliation

For the month of _____, _____
(month) (year)

Type or print clearly. Read instructions on Form FT-941/941.1-I carefully. Attach this reconciliation to Form FT-941.

Name of terminal operator	Federal employer identification number (EIN)	Account name	Federal employer identification number (EIN)
Terminal location <i>(street and city)</i>		Street address	City, state and ZIP code

Part 1 – Reconciliation for each type of fuel	Type of fuel <i>(in gallons)</i>					
	Kerosene	Non-highway diesel motor fuel	Highway diesel motor fuel	Motor fuel	Other fuel	Total gallons
1 Opening inventory						
2 Total receipts <i>(from Part 2)</i>						
3 Subtotal <i>(add lines 1 and 2)</i>						
4 Total withdrawals <i>(from Part 3)</i>						
5 Balance on hand at end of month <i>(subtract line 4 from line 3)</i>						
6 Adjustments <i>(enter any loss in brackets [])</i>						
7 Net inventory <i>(include these amounts in line 1 of Form FT-941)</i>						

Part 2 – Summary of receipts <i>(attach additional sheets, if necessary)</i>				Type of fuel <i>(in gallons)</i>						
Month and day of delivery	Mode of delivery	Carrier's name	Carrier's EIN	Kerosene	Non-highway diesel motor fuel	Highway diesel motor fuel	Motor fuel	Other fuel	Product code*	Total gallons
Total receipts <i>(add each column; transfer these totals to Part 1, line 2, above)</i>										

* From Publication 902, *Product Codes for Fuels*

