



MISSOURI DEPARTMENT OF
REVENUE
Transporter Report

Document Locator Number

Select If An Amended Report Select If An Additional Report

Contact Information	Company Name				License Number		Month and Year ____/____	
	Street Address			P.O. Box	City		State	ZIP Code
	Federal Employer Identification Number			Missouri Tax Identification Number		Telephone Number (____)____-____		

Must Be Filed Every Reporting Period

Worksheet	Gallons reported in: Net Gallons <input type="checkbox"/> Gross Gallons <input type="checkbox"/>									
	Gallons Transported	Gasoline	100% Ethyl Alcohol	Gasohol	Aviation Gasoline	Clear Diesel & Clear Kerosene	Jet Fuel	LNG	Dyed Diesel & Dyed Kerosene	Total Gallons
	1. Gallons loaded at a Missouri terminal or bulk plant and delivered to another state.									
	2. Gallons loaded at an out-of-state terminal or bulk plant and delivered in Missouri.									
	3. Gallons loaded at a Missouri terminal or bulk plant and delivered in Missouri.									
4. Total gallons transported										

This report must be fully completed and mailed to the Missouri Department of Revenue. Original reports must contain the required information. A report is due whether or not there was any activity during the month. Visit <http://dor.mo.gov/business/fuel> to access the due date schedule.

- Form Instructions:
1. Enter gallons by fuel type and gallons transported.
 2. Total the gallons for each row and column.

Signature	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.	
	Signature	Date (MM/DD/YYYY) ____/____/____
	Print Name	Title

Mail to: Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300

Phone: (573) 751-2611
Fax: (573) 522-1720
TTY: (800) 735-2966
E-mail: excise@dor.mo.gov

Visit <http://dor.mo.gov/business/fuel/> for additional information.

Form 4782 (Revised 02-2020)

