



**Department of  
Taxation**

P.O. Box 530  
Columbus, OH 43216-0530

EX-2  
Rev. 4/09

## Monthly Exporter's Report of Receipts and Disbursements

Complete and attach enclosed schedules.

Exporter name \_\_\_\_\_ FEIN \_\_\_\_\_ Month/year \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check here if new address

Exporter Type A

Exporter Type B

(Check one)

1. Total gallons of all fuel received during month ..... 1.

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2. Total gallons of all fuel exported from Ohio during month ..... 2.

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I declare under penalties of perjury that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Authorized signature \_\_\_\_\_ Title \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_

This report must be filed with the Ohio Department of Taxation, Motor Fuel Tax Compliance Unit, P.O. Box 530, Columbus, OH 43216-0530 on or before the last day of each month following the report period. Telephone inquiries (855) 466-3921; Fax (614) 752-8644.