

VIRGINIA FUEL TAX
NOTICE OF TAX PAYMENT DEFAULT

Purpose: Supplier/providers use this form to report a licensed distributor/importer/bonded bulk user of alternative fuel and/or a bonded retailer of alternative fuel who has failed to pay tax and tank fee owed.

Instructions: Completed form must be submitted within 10 business days from the date you are required to pay the tax to: Tax Services, P.O. Box 27422, Richmond, VA, 23269-7422.

SUPPLIER/PROVIDER INFORMATION			
FULL LEGAL NAME (last)	(first)	(mi) (suffix)	FEIN/SOCIAL SECURITY NUMBER

TAX DEFAULT INFORMATION		
COMPANY NAME	FEIN/SOCIAL SECURITY NUMBER	
TAX PAYMENT DUE DATE (mm/dd/yyyy)	AMOUNT OF TAX NOT PAID \$	IRS TERMINAL CONTROL NUMBER

CERTIFICATION		
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement on this form is a criminal violation.		
AUTHORIZED REPRESENTATIVE NAME (print)	TITLE	
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)	
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

FILING INFORMATION

A supplier/provider must submit this notice if a licensed distributor or importer fails to pay the tax owed. Providers of alternative fuel must submit this notice if a bonded bulk user or bonded retailer of alternative fuel fails to pay the tax owed. This notice must be submitted within 10 business days from the date the tax is due to DMV.

INSTRUCTIONS**SUPPLIER/PROVIDER INFORMATION**

Name and FEIN/Social Security Number - of the supplier/provider reporting the default in payment.

TAX DEFAULT INFORMATION

Company Name and FEIN/Social Security Number - of the licensed distributor/importer/bonded bulk user/bonded retailer who has failed to pay tax owed.

Date Tax Payment Was Due - Month, day, and year that payment was due.

Amount of Tax Payment Not Paid - Total amount of tax that company has not paid.

Terminal Control Number - Of the terminal where the product was purchased.

CERTIFICATION

Authorized Representative's Name, Title - Print name and the title of the representative authorized to sign for the company.

Authorized Representative's Signature, Date - Authorized representative signature and date form was signed.

Telephone Number, Fax Number, Email Address - Authorized representative's telephone number, fax number, and, if applicable, Email address.