



**Massachusetts Department of Revenue**  
**Schedule LG**  
**Liquified Gases Only**  
 (propane, etc.)

<b>Month</b>		<b>Year</b>	
Name of licensee		Account ID number	Tax filing period (mm/yyyy)
Street address		License number	
City/Town	State	Zip	
Address where records are kept (if different from above)		Phone number	
City/Town	State	Zip	

"Liquified gas" is that type of special fuel which is a combustible gas and exists in a gaseous state at a temperature of 60° Fahrenheit and a pressure of 14.7 pounds per square inch absolute

**Inventories and receipts.** In whole gallons.

1 Inventory on hand, first of month. (Attach explanation if different from prior month closing inventory) . . . . .	<b>1</b>	<input style="width:95%;" type="text"/>
2 Gallons purchased (from Schedule F) . . . . .	<b>2</b>	<input style="width:95%;" type="text"/>
3 Total gallons. Add lines 1 and 2 . . . . .	<b>3</b>	<input style="width:95%;" type="text"/>
4 Actual inventory on hand, end of month . . . . .	<b>4</b>	<input style="width:95%;" type="text"/>
5 Total gallons to be accounted for. Subtract line 4 from line 3 . . . . .	<b>5</b>	<input style="width:95%;" type="text"/>

**Disposition**

6 Taxable gallons placed or used in own or leased registered motor vehicles (from Schedule G) . . . . .	<b>6</b>	<input style="width:95%;" type="text"/>
7 Taxable gallons sold to other users (from Schedule H) . . . . .	<b>7</b>	<input style="width:95%;" type="text"/>
8 Taxable gallons sold to user-sellers (from Schedule I) . . . . .	<b>8</b>	<input style="width:95%;" type="text"/>
9 Total taxable gallons. Add lines 6 through 8. Enter here and on Form SFT-3, page 1, line 3 . . . . .	<b>9</b>	<input style="width:95%;" type="text"/>
10 Non-taxable gallons sold or used in non-registered equipment (from Schedule J) . . . . .	<b>10</b>	<input style="width:95%;" type="text"/>
11 Total gallons. Add lines 9 and 10. Must equal line 5; if not, attach explanation . . . . .	<b>11</b>	<input style="width:95%;" type="text"/>

**Declaration**

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

Signature	Title	Date
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Use additional sheets if needed, and attach to this return.



Name of licensee

Account ID number

**Taxable gallons by type of liquified gas and costs/receipts attributable to such type of special fuel for Massachusetts tax purposes**

Records to substantiate the costs/receipts and gallonage computations must be retained for audit.

Type of liquified gas	- Schedule G -	
	a. Gross costs	b. Gallons
Propane (convert at 4.23 lb. = 1 gal.) .....		
Other _____		
Other _____		
Totals .....		

**Gross costs:** for purposes of column a above, means the total amount, exclusive of U.S. and Massachusetts fuel taxes, paid by you as consideration of fuel used by you and not resold, for purchases valued in money or otherwise, including any amounts for which credit was given to you and any fuel transportation cost to you.





