



Department of Revenue & Regulation
Motor Fuel Tax
445 East Capitol Avenue
Pierre, SD 57501-3100

**SUMMARY FOR AMENDING
MOTOR FUEL TAX RETURNS**

Please Type or Print:

1. License Number: _____

2. Federal ID or Social Security Number: _____

3. Business Name: _____

4. Mailing Address: _____

5. City: _____ State: _____ Zip _____

6. Amount overpaid/underpaid: \$ _____

7. For the period(s) of: _____

8. State full and complete reasons for the error(s) in reporting which resulted in the above listed over/under payment:

These figures are provided to the best of my knowledge and I understand that this form does not restrict the Department of Revenue & Regulation from performing an audit of my records.

Name (Please Print): _____

Signature: _____ Date: _____

Title: _____ Telephone Number: _____

(For Department Use Only)

DRR Comments: _____

Postmark: _____

Reviewed By: _____ Date: _____
