

**Form 720**Department of the Treasury  
Internal Revenue Service**Quarterly Federal Excise Tax Return**

OMB No. 1545-0023

**Quarter Ending**  
.....Name of Corporation  
.....Employer Identification Number (EIN)  
.....Number, Street, and Room or Suite No.  
.....City, State, and ZIP Code  
.....**PART I - ENVIRONMENTAL, FUEL, AND COMMUNICATIONS TAXES**

IRS No.	Tax Category	Rate	Taxable Base	Tax Amount
18	Ozone-depleting chemicals (other than imported)	Variable	.....	.....
22	Communications (local telephone & teletype)	3%	.....	.....
26	Transportation of persons by air	7.5%	.....	.....
28	Transportation of property by air	6.25%	.....	.....
62	Gasoline (including aviation gasoline)	\$0.184	.....	.....
31	Diesel fuel	\$0.244	.....	.....

**PART II - OTHER EXCISE TAXES**

IRS No.	Tax Category	Rate	Taxable Base	Tax Amount
64	Inland waterways fuel use tax	\$0.29	.....	.....
115	Patient-Centered Outcomes Research fee	Variable	.....	.....
133	Foreign insurance policies	1% / 4%	.....	.....

**PART III - TAX COMPUTATION AND PAYMENTS****1. Total Tax:** Add all tax amounts from Part I and Part II  
.....**2. Total Deposits:** Total excise tax deposits made for the quarter  
.....**3. Overpayment:** Overpayment from previous quarters applied to this return  
.....**4. Total Payments:** Add lines 2 and 3  
.....**5. Balance Due:** If line 1 is greater than line 4, enter the difference here  
.....**6. Overpayment Amount:** If line 4 is greater than line 1, enter the difference here  
.....**Sign Here:** Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and complete.\_\_\_\_\_  
Signature of Officer\_\_\_\_\_  
Date\_\_\_\_\_  
Title**Paid Preparer Use Only**

_____ Preparer's Signature	_____ Date	_____ PTIN	_____ Firm's EIN
_____ Firm's Name		_____ Firm's Address	