



# Retailers E85 Quarterly Schedule

**Attach schedule to form 86-002  
Retailers E85 Quarterly Report**

**Name:** \_\_\_\_\_

**Iowa Sales Tax Permit:** \_\_\_\_\_

**Iowa Weights & Measure No.:** \_\_\_\_\_

**Quarter Ending:** \_\_\_\_\_

List all E85, E70, alcohol, ethanol and gasoline purchases related to the E85 sales reported on your quarterly report. For purposes of this schedule, report E70 as E70 and E85 as E85.

Date of Purchase	From Whom Purchased: Name and Complete Address	Invoice Number	Product (E85, E70, Alcohol, Gasoline)	Gross Gallons	Iowa Tax Paid on Gallons
Use additional schedules if needed.				<b>Total</b> ➡	