



Retailers E85 Quarterly Schedule

Attach schedule to form 86-002

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.				Total ➡	