Part II

(Rev. November 2000)

Department of the Treasury Internal Revenue Service

| Pa | rt I Identification of Applicant | |
|----------|--|--------------------------------|
| | Name of individual, corporation, partnership, association, etc. | Employer identification number |
| | | |
| | Business name, if different from above | Telephone number |
| Ë | | () |
| 7 2 | Mailing address (number, street, and room or suite no. If P.O. Box, see page 5.) | Fax number |
| 0 | | () |
| N A | City or town, state, and ZIP code | |
| F- | | |

If you listed a P.O. Box above, or if your street address is different from your mailing address, list your street address (including city or town, state, and ZIP code)

Activities. Enter the activity letter from the chart on pages 3–4 and a brief description of each activity for which you are applying for registration. Also, attach the Additional Information Required for each activity to which this application applies.

| Activity Letter | Activity Description |
|-----------------|----------------------|
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| | |
| Part III Genera | I Information |

Section A—For All Applicants

Answer all the questions below. Attach a separate sheet(s), as needed, to answer items **2b** through **7.** Identify each sheet with your name and employer identification number (EIN) at the top, and write the number of the item to which each answer applies. If any questions do not apply to you, explain why.

| 1a | Are you or will you be required to file Form 720, Quarterly Federal Excise Tax Return? | 🗌 Yes | 🗌 No |
|----|---|-------|------|
| b | Have you previously applied to be registered by any IRS office? | 🗌 Yes | 🗌 No |
| С | Have you, or any related entity, had a Certificate of Registry or Letter of Registration revoked by any | | |
| | IRS office? | 🗌 Yes | 🗌 No |

d If you answered "Yes" to **b** or **c**, enter the name of the IRS office

2a List the date your business started ► Month _____ Year _____

- **b** Explain in detail your business activity.
- **3** For all other business entities to which you are related, list:
- **a** The name and EIN of the related entity,
- **b** The percentage of ownership, and
- c How you are related (for example, stock, partnership, etc.).
- 4 List all addresses of current business operations (include out-of-state or foreign operations, if applicable).
- 5 List the address where your books and records are kept (if different from the address in Part I).
- 6 List the names and social security numbers (SSNs) of all business owners, corporate officers, members, or partners.
- 7 List the name and phone number of a person whom we can contact about this application.

Section B—For Fuel Applicants

If you are applying for fuel activities K, M, R, S, T, and W, you must also provide the information in items 8 through 15 below and on page 2.

- 8 Attach a copy of your last Federal income tax return and other evidence that reflects financial responsibility such as your income statement, balance sheet, or bond rating.
- 9 Describe any changes in your ownership or changes of controlling stock ownership in the past 2 years. If none, enter "None."

| Form | 637 (Rev. 11-2000) | | Page 2 |
|------|---|------------|---------------|
| | wer each question below by checking the " Yes " or " No " box. If you answer " Yes " to any of these quest lanation. You can use the space below or attach an additional sheet(s). | ions, prov | ride a full |
| | Have you or any related person (see Regulations section 48.4101-1(b)(5)) been: | | |
| 10 | Assessed any penalty under chapter 68 of the Internal Revenue Code (or similar provision of the law of any state) for fraudulently failing to file any return or pay any tax, and the penalty has not been wholly abated, refunded, or credited? | □ Yes | 🗌 No |
| 11 | Assessed any penalty under chapter 68 of the Internal Revenue Code, and the penalty has not been wholly abated, refunded, or credited? | 🗌 Yes | 🗌 No |
| 12 | Convicted of a crime under chapter 75 of the Internal Revenue Code (or similar provision of the law of any state), or of conspiracy to commit such a crime, and the conviction has not been wholly reversed by a court of competent jurisdiction? | 🗌 Yes | 🗌 No |

| 13 | Convicted, under the laws of the United States or any state, of a felony for which an element of the offense is theft, fraud, or the making of false statements, and the conviction has not been wholly reversed by a court of competent jurisdiction? | 🗌 No |
|----|--|------|
| 14 | Assessed any tax under section 4103 (willful failure to pay the tax imposed by section 4081 or 4091) and the tax has not been wholly abated, refunded, or credited? | 🗌 No |
| 15 | Advised that your registration has been revoked? | 🗌 No |

| | Under penalties of perjury, I declare that I have examined this and belief, they are true, correct, and complete. | s return, and accompanying schedules and s | statements, and, to the best of my knowledge |
|--------------|---|--|--|
| Sign Here | Signature | Title | Date |
| | (Type or print name below your signature.) | | |

| | Activity Letter | Additional Information Required |
|---|--|--|
| A | Manufacturer of gas guzzler automobiles, sport fishing equipment, bows, arrow components, tires, or vaccines. | List all articles manufactured. Include advertising brochures, if available. List the organizations or businesses (for example, state or local government or school) to which you intend to sell articles tax free. List the monthly volume of tax-free articles you intend to sell. Also, list the monthly volume of taxed articles you intend to sell. |
| В | Buyer of sport fishing equipment, gas guzzler automobiles, bows, arrow components, or vaccines for further manufacture or for resale to a buyer for further manufacture. | List articles you intend to purchase for further manufacturing or for resale for use by the buyer for further manufacturing. List the businesses that articles will be sold to for use in further manufacturing, if applicable. List other types of sales of articles other than for further manufacturing. |
| С | Buyer of tires for use on or in connection with the sale of another article the buyer manufactures and sells (1) for export, (2) to state and local governments, (3) to nonprofit educational organizations, or (4) as supplies for vessels or aircraft. | List the type and weight of the tires being bought. List the articles manufactured (1) on which the tires will be used or (2) in connection with which the tires will be sold. List the organizations or businesses with which you intend to have tax-exempt sales. |
| D | Buyer with a place of business in the United States purchasing vaccines, gas guzzler automobiles, tires, sport fishing equipment, bows, arrow components, or luxury passenger vehicles for export or for resale to a second purchaser for export. | List the articles you intend to buy for export or resale to others for export. List the businesses to which you intend to sell articles for export. |
| E | Buyer (other than state or local government) of gas guzzler automobiles for ambulance, law enforcement, or firefighting. | You only have to provide the general information for all applicants. No additional information is required. |
| F | Nonprofit educational organization, other than a public school, buying tires, certain heavy vehicles, sport fishing equipment, bows, or arrow components for its exclusive use. | Provide a general description of the type of educational facility, including faculty, curriculum, and student body. Provide a copy of the IRS determination letter granting exemption from Federal income tax. List products subject to Federal excise tax bought for the exclusive use of the organization. Describe how the products will be used in the operation of the organization. List activities (other than educational) conducted by the organization. |
| Η | Importer or producer (including wholesale distributor) of aviation fuel (other than gasoline). | List the total number of sales of aviation fuel and total volume of these sales during the last 12 months. List the number of sales of aviation fuel during the last 12 months to producers, retailers, or bulk purchasers and the total volume of these sales. List the total volumes for nontaxable purposes. List the customers who purchase aviation fuel from you. List the locations of all retail outlets you own or operate. Describe the retail operations and the storage capacities of each retail outlet. Indicate whether you consign aviation fuel or handle any aviation fuel to which you do not hold the title. If either of these situations applies, include a brief statement describing the arrangement. |
| 1 | Buyer (other than nonprofit educational organization or state or local government) of tires for use on certain intercity, local, or school buses. | List types and weights of tires being bought. Describe the types of buses (intercity, local, or school) on which the tires are used. Describe how the buses are used in the operation of the business. |
| J | First retail seller of luxury passenger vehicles for export. | List the businesses to which you intend to sell articles for export. |
| К | Buyer of kerosene for a feedstock purpose. | List the type of kerosene being purchased for a feedstock purpose. Describe the product and manufacturing process for which the kerosene will be used as a feedstock. |

| | Activity Letter | Additional Information Required |
|----|---|--|
| М | Blender of gasoline, diesel fuel, or kerosene outside the bulk transfer/terminal system. | List the products bought or produced for blending with gasoline, diesel fuel, or kerosene. List the annual volume of products bought for blending. List the annual volume of blended taxable fuel produced. |
| Q | First retail seller of certain heavy vehicles. | Describe the heavy vehicles you intend to sell. Describe the exempt sales of the heavy vehicles you intend to make. |
| R | Operator (other than state or local government) of diesel-powered intercity or local buses. | List the sizes and types (intercity or local) of buses operated in your business, including seating capacity. List the monthly volume of dyed diesel fuel used. |
| S | Enterer, position holder, refiner, terminal operator, or throughputter of gasoline, diesel fuel, or kerosene; or industrial user of gasoline. | List the annual volume of gasoline, diesel fuel, and kerosene entered into the United States or produced. List the locations and a description of your refineries, terminals, and pipelines. List the names and addresses of any person(s) who will be acting for you as an agent or broker in entering, buying, selling, or transporting any fuel. List the business entities to whom you sell, and with which you buy, trade, transfer, or exchange any gasoline, diesel fuel, and kerosene. Provide the annual volume of gasoline, diesel fuel, and kerosene you buy, sell, trade, transfer, or exchange. |
| т | Buyer of gasoline for blending into gasohol outside the bulk transfer/terminal system. | List the type and proof of the alcohol bought and the monthly volume bought. List the monthly volume of gasoline bought for blending. List the monthly volume of gasohol produced. Describe the gasohol blending process used. List the suppliers who sell gasoline to you for gasohol production. List the suppliers who sell alcohol to you for gasohol production. |
| UP | Ultimate vendor that sells kerosene from a blocked pump. | Describe the blocked pumps used to sell kerosene in your business. List the location of the blocked pumps. |
| UV | Ultimate vendor that sells undyed diesel fuel or undyed kerosene to a state or local government for its exclusive use or for use by the buyer on a farm for farming purposes. | You only have to provide the general information for all applicants. No additional information is required. |
| V | Manufacturer, importer, or buyer of ozone-depleting chemicals (ODCs) for export. | List the ODCs you import or manufacture for export. List the companies from which you buy ODCs for export. List the number of pounds for each type of ODC exported in this calendar year and an estimate for next calendar year. List your export locations. List your production allowance, consumption allowance, export allowance, and export percentage as set by the Environmental Protection Agency. |
| w | Operator (other than state or local government) of a diesel-powered train. | List the monthly volume of dyed diesel fuel used. List the number and types of diesel-powered highway vehicles you own and/or operate and describe the fueling arrangements for these vehicles. |
| x | Pipeline operator or vessel operator within the bulk transfer/terminal system. | Schematic or map of pipeline locations. Names and addresses of facilities served by pipeline or vessel. Number, description, and capacities of vessels used to transport taxable fuel. |
| Y | Buyer of aviation fuel for its use in commercial aviation (other than foreign trade). | List the quantity, types, and gross take-off weights of all aircraft you own and/or operate. Include the countries of registration. Aircraft that you operate but that are owned by other persons should be clearly designated. Information should be included as to the operating arrangements. List the average number of operating hours (per month) of each aircraft that is listed in item 1. Show the number of hours for commercial aviation (other than foreign trade) and noncommercial aviation. If you maintain aviation fuel storage facilities, list the location and capacity of each facility. |