

Nebraska ID Number _____

Federal Employer ID Number _____

Please Do Not Write in This Space

Name and Location Address	Name and Mailing Address
Name _____	Name _____
Street Address _____	Street or Other Mailing Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____

Tax Program for Which Penalty Was Assessed:

<input type="checkbox"/> Motor Fuels	<input type="checkbox"/> Compressed Fuel	<input type="checkbox"/> Motor Fuels Use
<input type="checkbox"/> Petroleum Release Remedial Action Fee	<input type="checkbox"/> Motor Fuels Carrier	<input type="checkbox"/> Ethanol and Biodiesel Producer
<input type="checkbox"/> Aircraft Fuels	<input type="checkbox"/> Motor Fuels Terminal Operator	<input type="checkbox"/> Other _____

Amount of Penalty \$ _____	Tax Period for Which Penalty Was Assessed _____	Note: Do not include interest. A request for abatement of penalty will not be considered until the tax and interest have been paid.
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I declare that my failure to comply with the provisions of the Nebraska Motor Fuels Tax Laws and Regulations was not due to negligence or intentional disregard of the laws and regulations, but from the following causes which I submit were beyond my reasonable control (attach a separate sheet if more space is needed):

Under penalties of law, I declare that, as taxpayer or preparer, I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

**sign
here** ▶

Authorized Signature _____

Signature of Preparer Other Than Taxpayer _____

Title _____

Date _____

Email Address _____

Date _____

For Motor Fuels Division Use Only

Penalty Assessed	\$ _____	Comments: _____
Penalty Abated	\$ _____	_____
Remaining Penalty Due and Payable	\$ _____	_____

Authorized Signature _____

Date _____

Mail this application to: **Motor Fuels Division, PO Box 98904, Lincoln, NE 68509-8904.**

revenue.nebraska.gov/fuels, 800-554-3835, 402-471-5730