CDTFA-501-DB2A (12-18)

STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

RECEIPT SCHEDULE 2A

(If additional space is needed, please photocopy the schedule before making entries.)

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(a) COMPANY NAME	(b) ACCOUNT NUMBER	(c) SCHEDULE CODE	(d) PRODUCT CODE	(e) MONTH/YEAR
		2A		

(1) CARRIER NAME	(2) CARRIER FEIN	(3) MODE	(4) POINT OF		(5) ACQUIRED FROM (Seller's Name)	(6) SELLER'S FEIN	(7) DOCUMENT DATE	(8) DOCUMENT NUMBER	(9) NET GALLONS	(10) GROSS GALLONS	(11) BILLED GALLONS
			ORIGIN (TCN or State/Province)	DESTINATION (TCN or State/Province)							