

STATE OF DELAWARE  
Department of Finance  
Division of Revenue  
820 N. French Street  
P.O. Box 2340  
Wilmington, Delaware 19899-2340

STATEMENT OF PAYMENTS  
MADE BY PETROLEUM WHOLESALERS  
FOR HSCA TAXED PURCHASES

FORM 9114W

THIS FORM IS TO BE ATTACHED TO PETROLEUM WHOLESALER'S MONTHLY GROSS RECEIPTS COUPON  
TO SUBSTANTIATE PAYMENTS FOR HSCA TAXED PURCHASES

1. Enter Federal Employee Identification Number

OR

Social Security Number

1-   -

2-    -   -

2. Name

3. Address

4. Petroleum Total Monthly Gross Receipts: Month/Year (a) \_\_\_\_\_ (b) \$ \_\_\_\_\_  
(Must Equal Line 5 of Gross Receipts Coupon)

5. Payments for All Petroleum Purchased

Name & Address

(a) Employer ID No. /  
DE Business License No.

(b) Amount of Purchase

(c) HSCA Tax Paid  
on Purchases

▶ _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
▶ _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
▶ _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
▶ _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

\* If more space is needed, use Form 9114W Supplemental Line 5

6. Total Payments for HSCA Taxed Purchases: b) \$ \_\_\_\_\_ c) \$ \_\_\_\_\_

7. Multiply Line 6(b) by 0.009. (Line 6(b) x 0.009) = \$ \_\_\_\_\_

8. Divide Line 6(c) by Line 7. (Line 6(c) ÷ Line 7) = \_\_\_\_\_

9. Subtract Line 8 from 1.0. (1.0 - Line 8) = \_\_\_\_\_

10. Multiply the product of Line 4(b) and Line 9 by 0.009. (Line 4(b) x Line 9 x 0.009) = \$ \_\_\_\_\_

Enter the result of Line 10 on your Monthly Gross Receipts Coupon, Line 6.

I declare under penalties as provided by law that the information on this form and any attachments are true, correct and complete.

SIGNATURE

TITLE

DATE

(Revised 08/07/07)