

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 SUPPLEMENTAL LINE 5

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

1-   -

OR Social Security Number

2-    -   -

2. Name

3. Address

4. 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
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____
▶ _____ _____ _____	_____	_____	_____