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Page 1

- No Operations
- Amended
- Cancellation
- Change of Address

Georgia Department of Revenue
IFTA Quarterly Fuel Tax Return (9/10)

IFTA ID # GA81390198501 Reporting Period End: 31-Mar-2025

NAME: UNITED TRANSPORTERS LLC

ADDRESS: 3661 FLOYD RD STE 300-353

ADDRESS: _____

Filing Method: Electronic

CITY: AUSTELL STATE: GA ZIP: 301060000

TO CANCEL IFTA LICENSE, ATTACH IFTA LICENSE AND
GIVE LAST DATE OF OPERATION _____

IFTA TAX SUMMARY		
1. Total Due/Credit for each fuel type (Total Column J, from all pages)		
a. Diesel	1.a.	0.00
b. Gasoline	1.b.	0.00
c. Propane (LPG)	1.c.	0.00
d. All other fuel types	1.d.	0.00
e. Total of Lines 1.a. thru 1.d.	1.e.	0.00
2. Penalty: 10% of Tax Due or \$50.00, whichever is greater	2.	0.00
3. Total Balance Due/Credit (add lines 1.e. and 2)	3.	0.00
4. Refund amount requested	4.	0.00

To the best of my knowledge and belief, I certify that this business is duly licensed and that this return and any schedules are true, correct, and complete.

Authorized signature	Date	Taxpayer's phone number ()
Official title	Paid preparer's EIN	
Paid preparer's name or firm (if other than taxpayer)	Paid preparer's phone number ()	
Paid preparer's address		
Paid preparer's signature	Date	

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Georgia Department of Revenue
IFTA Quarterly Fuel Tax Return (9/10)

IFTA ID # GA81390198501

Reporting Period End: 31-Dec-2024

NAME: UNITED TRANSPORTERS LLC

ADDRESS: 3661 FLOYD RD STE 300-353

ADDRESS: _____

CITY: AUSTELL STATE: GA ZIP: 301060000

Filing Method: Electronic

TO CANCEL IFTA LICENSE, ATTACH IFTA LICENSE AND
GIVE LAST DATE OF OPERATION _____

IFTA TAX SUMMARY		
1. Total Due/Credit for each fuel type (Total Column J, from all pages)		
a. Diesel	1.a.	31.25
b. Gasoline	1.b.	0.00
c. Propane (LPG)	1.c.	0.00
d. All other fuel types	1.d.	0.00
e. Total of Lines 1.a. thru 1.d.	1.e.	31.25
2. Penalty: 10% of Tax Due or \$50.00, whichever is greater	2.	0.00
3. Total Balance Due/Credit (add lines 1.e. and 2)	3.	31.25
4. Refund amount requested	4.	0.00

To the best of my knowledge and belief, I certify that this business is duly licensed and that this return and any schedules are true, correct, and complete.

Authorized signature	Date	Taxpayer's phone number ()
Official title	Paid preparer's EIN	
Paid preparer's name or firm (if other than taxpayer)	Paid preparer's phone number ()	
Paid preparer's address		
Paid preparer's signature	Date	



1009407021

Georgia Department of Revenue

IFTA Quarterly Fuel Tax Return Schedule (9/10)

IFTA ID # GA81390198501Reporting Period End: 31-Dec-2024

Fuel Type:	Diesel
A. Total IFTA Miles	801.00
B. Total Non - IFTA Miles	241.00
C. Total Miles (Add Lines A and B)	1,042.00
D. Total Gallons in all Jurisdictions	112.00
E. *Average Miles/Gallons (MPG) (Line C Divided by Line D)	9.30

A RETURN MUST BE FILED EVEN IF NO MILES TRAVELED

A Jurisdiction	B Total Miles	C Total Taxable Miles	D Taxable Gallons (Col C/Line E)	E Tax Paid Gallons	F Net Gallons (Col D- Col E)	G Tax Rate	H Tax Due/Credit (Col F x Col G)	I Interest Due	J Total Due/Credit (Col H + Col I)
AL	97	97	10	0	10	0.3	3	0	3.00
GA	156	156	17	0	17	0.362	6.15	0	6.15
NC	416	416	45	0	45	0.404	18.18	0	18.18
SC	132	132	14	0	14	0.28	3.92	0	3.92

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Page 1

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Georgia Department of Revenue
IFTA Quarterly Fuel Tax Return (9/10)

IFTA ID # GA81390198501 Reporting Period End: 30-Sep-2024

NAME: UNITED TRANSPORTERS LLC

ADDRESS: 3661 FLOYD RD STE 300-353

ADDRESS: _____

Filing Method: Electronic

CITY: AUSTELL STATE: GA ZIP: 301060000

TO CANCEL IFTA LICENSE, ATTACH IFTA LICENSE AND
GIVE LAST DATE OF OPERATION _____

IFTA TAX SUMMARY		
1. Total Due/Credit for each fuel type (Total Column J, from all pages)		
a. Diesel	1.a.	(0.71)
b. Gasoline	1.b.	0.00
c. Propane (LPG)	1.c.	0.00
d. All other fuel types	1.d.	0.00
e. Total of Lines 1.a. thru 1.d.	1.e.	(0.71)
2. Penalty: 10% of Tax Due or \$50.00, whichever is greater	2.	0.00
3. Total Balance Due/Credit (add lines 1.e. and 2)	3.	(0.71)
4. Refund amount requested	4.	0.00

To the best of my knowledge and belief, I certify that this business is duly licensed and that this return and any schedules are true, correct, and complete.

Authorized signature	Date	Taxpayer's phone number ()
Official title	Paid preparer's EIN	
Paid preparer's name or firm (if other than taxpayer)	Paid preparer's phone number ()	
Paid preparer's address		
Paid preparer's signature	Date	



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Georgia Department of Revenue

IFTA Quarterly Fuel Tax Return Schedule (9/10)

IFTA ID # GA81390198501Reporting Period End: 30-Sep-2024

Fuel Type:	Diesel
A. Total IFTA Miles	6,725.00
B. Total Non - IFTA Miles	0.00
C. Total Miles (Add Lines A and B)	6,725.00
D. Total Gallons in all Jurisdictions	1,683.00
E. *Average Miles/Gallons (MPG) (Line C Divided by Line D)	4.00

A RETURN MUST BE FILED EVEN IF NO MILES TRAVELED

A Jurisdiction	B Total Miles	C Total Taxable Miles	D Taxable Gallons (Col C/Line E)	E Tax Paid Gallons	F Net Gallons (Col D- Col E)	G Tax Rate	H Tax Due/Credit (Col F x Col G)	I Interest Due	J Total Due/Credit (Col H + Col I)
AL	1432	1432	358	329	29	0.3	8.7	0	8.70
FL	574	574	144	80	64	0.3947	25.26	0	25.26
GA	4510	4510	1128	1229	-101	0.362	-36.56	0	-36.56
TN	209	209	52	45	7	0.27	1.89	0	1.89

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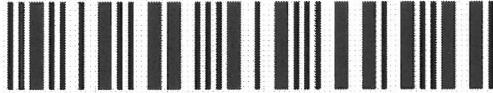
Georgia Department of Revenue
IFTA Quarterly Fuel Tax Return (9/10)

IFTA ID # GA81390198501 Reporting Period End: 30-Jun-2024
NAME: UNITED TRANSPORTERS LLC
ADDRESS: 3661 FLOYD RD STE 300-353
Filing Method: Electronic
ADDRESS: _____
CITY: AUSTELL STATE: GA ZIP: 301060000
TO CANCEL IFTA LICENSE, ATTACH IFTA LICENSE AND
GIVE LAST DATE OF OPERATION _____

IFTA TAX SUMMARY		
1. Total Due/Credit for each fuel type (Total Column J, from all pages)		
a. Diesel	1.a.	15.53
b. Gasoline	1.b.	0.00
c. Propane (LPG)	1.c.	0.00
d. All other fuel types	1.d.	0.00
e. Total of Lines 1.a. thru 1.d.	1.e.	15.53
2. Penalty: 10% of Tax Due or \$50.00, whichever is greater	2.	0.00
3. Total Balance Due/Credit (add lines 1.e. and 2)	3.	15.53
4. Refund amount requested	4.	0.00

To the best of my knowledge and belief, I certify that this business is duly licensed and that this return and any schedules are true, correct, and complete.

Authorized signature	Date	Taxpayer's phone number ()
Official title	Paid preparer's EIN	
Paid preparer's name or firm (if other than taxpayer)	Paid preparer's phone number ()	
Paid preparer's address		
Paid preparer's signature	Date	



1009407021

Georgia Department of Revenue

IFTA Quarterly Fuel Tax Return Schedule (9/10)

IFTA ID # GA81390198501

Reporting Period End: 30-Jun-2024

Fuel Type:	Diesel
A. Total IFTA Miles	15,736.00
B. Total Non - IFTA Miles	0.00
C. Total Miles (Add Lines A and B)	15,736.00
D. Total Gallons in all Jurisdictions	2,419.00
E. *Average Miles/Gallons (MPG) (Line C Divided by Line D)	6.51

A RETURN MUST BE FILED EVEN IF NO MILES TRAVELED

A Jurisdiction	B Total Miles	C Total Taxable Miles	D Taxable Gallons (Col C/Line E)	E Tax Paid Gallons	F Net Gallons (Col D- Col E)	G Tax Rate	H Tax Due/Credit (Col F x Col G)	I Interest Due	J Total Due/Credit (Col H + Col I)
AL	2749	2749	422	820	-398	0.3	-119.4	0	-119.40
FL	851	851	131	25	106	0.3947	41.84	0	41.84
GA	10924	10924	1678	1538	140	0.362	50.68	0	50.68
NC	78	78	12	0	12	0.404	4.85	0	4.85
SC	430	430	66	36	30	0.28	8.4	0	8.40
TN	704	704	108	0	108	0.27	29.16	0	29.16