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

- ☐ No Operations
☐ Amended
☐ Cancellation
☐ Change of Address

IFTA ID # GA84346639601

Reporting Period End: 31-Dec-2024

NAME: BAZLO LLC

ADDRESS: 7147 JONESBORO RD

ADDRESS: # 870522

CITY: MORROW STATE: GA ZIP: 302870058

Filing Method: Electronic

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

IFTA TAX SUMMARY

| IFTA TAX SUMMARY | | |
|---|------|--------|
| 1. Total Due/Credit for each fuel type (Total Column J, from all pages) | | |
| a. Diesel | 1.a. | 267.42 |
| 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. | 267.42 |
| 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. | 267.42 |
| 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 # GA84346639601

Reporting Period End: 31-Dec-2024

| | |
|---|-----------|
| Fuel Type: | Diesel |
| A. Total IFTA Miles | 10,352.00 |
| B. Total Non - IFTA Miles | 0.00 |
| C. Total Miles (Add Lines A and B) | 10,352.00 |
| D. Total Gallons in all Jurisdictions | 1,458.00 |
| E. *Average Miles/Gallons (MPG) (Line C Divided by Line D) | 7.10 |

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 | 2833 | 2833 | 399 | 0 | 399 | 0.3 | 119.7 | 0 | 119.70 |
| GA | 4421 | 4421 | 623 | 408 | 215 | 0.362 | 77.83 | 0 | 77.83 |
| SC | 2095 | 2095 | 295 | 110 | 185 | 0.28 | 51.8 | 0 | 51.80 |
| TN | 1003 | 1003 | 141 | 74 | 67 | 0.27 | 18.09 | 0 | 18.09 |

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IFTA Quarterly Fuel Tax Return (9/10)

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IFTA ID # GA84346639601

Reporting Period End: 31-Mar-2025

NAME: BAZLO LLC

ADDRESS: 7147 JONESBORO RD

ADDRESS: # 870522

CITY: MORROW STATE: GA ZIP: 302870058

Filing Method: Electronic

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

IFTA TAX SUMMARY

| IFTA TAX SUMMARY | | |
|---|------|--------|
| 1. Total Due/Credit for each fuel type (Total Column J, from all pages) | | |
| a. Diesel | 1.a. | 306.25 |
| 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. | 306.25 |
| 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. | 306.25 |
| 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 |



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Georgia Department of Revenue

IFTA Quarterly Fuel Tax Return Schedule (9/10)

IFTA ID # GA84346639601Reporting Period End: 31-Mar-2025

| | |
|---|-----------|
| Fuel Type: | Diesel |
| A. Total IFTA Miles | 11,548.00 |
| B. Total Non - IFTA Miles | 0.00 |
| C. Total Miles (Add Lines A and B) | 11,548.00 |
| D. Total Gallons in all Jurisdictions | 1,631.00 |
| E. *Average Miles/Gallons (MPG) (Line C Divided by Line D) | 7.08 |

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 | 2903 | 2903 | 410 | 0 | 410 | 0.3 | 123 | 0 | 123.00 |
| GA | 4828 | 4828 | 682 | 421 | 261 | 0.371 | 96.83 | 0 | 96.83 |
| SC | 2466 | 2466 | 348 | 130 | 218 | 0.28 | 61.04 | 0 | 61.04 |
| TN | 1351 | 1351 | 191 | 97 | 94 | 0.27 | 25.38 | 0 | 25.38 |

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IFTA ID # GA84346639601

Reporting Period End: 30-Jun-2025

NAME: BAZLO LLC

ADDRESS: 7147 JONESBORO RD

ADDRESS: # 870522

CITY: MORROW STATE: GA ZIP: 302870058

Filing Method: Electronic

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

IFTA TAX SUMMARY

| IFTA TAX SUMMARY | | |
|---|------|--------|
| 1. Total Due/Credit for each fuel type (Total Column J, from all pages) | | |
| a. Diesel | 1.a. | 118.81 |
| 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. | 118.81 |
| 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. | 118.81 |
| 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.

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| 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 # GA84346639601

Reporting Period End: 30-Jun-2025

| | |
|---|----------|
| Fuel Type: | Diesel |
| A. Total IFTA Miles | 6,487.00 |
| B. Total Non - IFTA Miles | 0.00 |
| C. Total Miles (Add Lines A and B) | 6,487.00 |
| D. Total Gallons in all Jurisdictions | 842.00 |
| E. *Average Miles/Gallons (MPG) (Line C Divided by Line D) | 7.70 |

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 | 2043 | 2043 | 265 | 122 | 143 | 0.3 | 42.9 | 0 | 42.90 |
| GA | 2592 | 2592 | 337 | 214 | 123 | 0.371 | 45.63 | 0 | 45.63 |
| SC | 1108 | 1108 | 144 | 86 | 58 | 0.28 | 16.24 | 0 | 16.24 |
| TN | 744 | 744 | 97 | 45 | 52 | 0.27 | 14.04 | 0 | 14.04 |

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☐ Change of Address

IFTA ID # GA84346639601

Reporting Period End: 30-Sep-2025

NAME: BAZLO LLC

ADDRESS: 7147 JONESBORO RD

ADDRESS: # 870522

CITY: MORROW STATE: GA ZIP: 302870058

Filing Method: Electronic

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

IFTA TAX SUMMARY

| 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.

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| 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 | |