



Please review all instructions and visually confirm your data as you enter. This Pdf form provides auto-fill calculations in all box areas highlighted in yellow. Press the tab key after entering data. If a revision is needed, please re-enter your data in the correct box/line. Thank you.  
 This form can be submitted electronically. There are several ways to make payment. See instructions.

**NORA-782B** **QUARTERLY REPORT OF RETAIL SALES OF OILHEAT**

**Fee Remittance Schedule For ID, IN, NV, OR and WA**

**IDENTIFICATION DATA**

- 1. COMPANY \_\_\_\_\_
- 2. NAME OF CONTACT PERSON \_\_\_\_\_
- 3. MAIL ADDRESS \_\_\_\_\_ PHYSICAL STREET ADDRESS \_\_\_\_\_
- 4. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_
- 5. TELEPHONE NUMBER \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_
- 6. DOE Identification Number (If any): \_\_\_\_\_
- 7. Reference (Quarter/Year): \_\_\_\_\_  1Q (Due 4/25)  2 Q (Due 7/25)  3Q (Due 10/25)  4Q (Due 1/25)
- 8. Type of Report: (1)  Original (2)  Revision to Report Dated (Quarter/Year): \_\_\_\_\_
- 9. Enter the 2-letter postal abbreviation of the State for which this schedule is filed.  File a separate schedule for each state.

**QUARTERLY STATE SALES OF OILHEAT DISTILLATES (Report volumes in gallons) See Instructions.**

Product	Covered Sales To Consumers for Oilheat / Enter In Gallons
10. No.1 and/or No. 2 Distillate (Dyed)	
11. Kerosene (Dyed)	
12. No. 4 Distillate (Dyed)	
13. Dyed Biodiesel	
14. <b>Total Gallons All Sales, should equal lines 10 through 13 above</b>	
15. <b>NORA Assessment \$0.002 X Line 14 =</b>	
16. <b>Enter Fee Due From Line 15</b>	

**PLEASE TAKE NOTICE:**  
**Filing of this form with submittal of NORA assessment monies is mandatory as required by Public Law 106-469, the National Oilheat Research Alliance Act of 2000, as amended by Public Law No: 113-79, 2014.**

**IF LINE 16 IS LESS THAN \$100.00, YOU MAY DEFER PAYMENT UNTILOVER \$100.00 OR UNTIL JANUARY 25 OF THE FOLLOWING YEAR.**

**CERTIFICATION: I certify that the information provided above and the sales identified are true and accurate to the best of my knowledge.**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Provide your name and title as requested. This form is enabled to accept a digital signature. Electronic submissions only may skip the signature if you initial the date line after you date it. If you are submitting this form with your remittance, you must sign and date as requested. Thank you.

**SUBMIT THIS SCHEDULE WITH REMITTANCE TO "NATIONAL OILHEAT RESEARCH ALLIANCE."  
 KEEP COPY FOR YOUR RECORDS. PLEASE CHECK HOW YOU ARE SENDING PAYMENT.**

- BY MAIL:** National Oilheat Research Alliance 600 Cameron Street, Alexandria VA 22314
- BY COURIER:** National Oilheat Research Alliance 600 Cameron Street, Alexandria VA 22314
- VIA ACH:** Instruct your bank to transfer funds to Account #1011557597 ABA #043000096
- VIA ELECTRONIC FUNDS TRANSFER (ETF):** See instructions.

**\*PLEASE NOTE: If you complete this form on computer, you may submit automatically to NORA's accounting office by clicking on "SUBMIT" box. Keep a copy for your records. If your email server does not honor this function, save to desktop and email your saved Pdf file to: NORAreports@cpas4you.com**

**SUBMIT NORA FORM  
782B VIA EMAIL**

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