



OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
455 AIRPORT RD SE, BLDG. A
SALEM, OR 97301

MONTHLY MILEAGE TAX REPORT

044595 SKY W07232571796 500.89

OPERATIONS DURING THE MONTH OF: June, 2025
YEAR

OCD ACCOUNT NUMBER

044595

SEE INSTRUCTIONS ON BACK

CARRIER NAME AND ADDRESS

SKY WING TRUCKING LLC
2124 136TH AVE E
SUMNER WA 98390

DO NOT WRITE IN SPACE ABOVE

CHANGE OF NAME, ADDRESS OR TELEPHONE (PLEASE PRINT)

BUSINESS NAME

MAILING (IF P.O. BOX ALSO GIVE LOCATION ADDRESS)

LOCATION

CITY

STATE

ZIP

TELEPHONE

DATE

SECTION 1

A LICENSE PLATE OR PASS NUMBER	B STATE/ PROV.	C UNIT NUMBER	D MAKE OF VEHICLE	E OREGON DECLARED WEIGHTS	ODOMETER READINGS		H TOTAL MILES OPERATED	I OREGON TAXABLE MILES	J NO. OF AXLES IF USING TABLE "B"	K TAX RATE PER MILE (Decimal)	L OREGON HIGHWAY USE TAX
					F BEGINNING	G ENDING					
71912RP	WA	227	FRGH	80000			0	1994		0.2512	500 89

AUDIT/EDIT COMMENTS

SECTION 2

LOCATION OF RECORDS

☐ CARRIER

☐ AGENT OR REPORTING SERVICE

NAME OF AGENT OR REPORTING SERVICE

DATE

ADDRESS

TELEPHONE

206 3535526

CITY

STATE

ZIP

**CERTIFICATION: THIS REPORT HAS BEEN PREPARED FROM THE
CARRIER'S ORIGINAL RECORDS AND I CERTIFY IT IS CORRECT**

SIGNATURE OF CARRIER, EMPLOYEE, OR POA (MUST HAVE POA ON FILE)

Khushpinder Kaur

TITLE

Agent

DATE

07/23/2025

TOTAL FROM COLUMN L

¹ 500 89

OREGON STATE FUEL TAX IF PAID DURING THIS PERIOD
COPIES OF FUEL INVOICES MUST BE ATTACHED

²

OTHER CREDITS PER ATTACHED DOCUMENTS

³

ENTER TOTAL OF BOX 1 MINUS BOX 2 MINUS BOX 3

⁴ 500 89

LATE PAYMENT CHARGE 10% OF BOX 4

⁵ 0 00

OTHER PAYMENT PER ATTACHED DOCUMENTS

⁶

TOTAL PAYMENT - U.S. FUNDS ONLY

⁷ 500 89