

**ND ETHANOL INCENTIVE AFFIDAVIT/ QUARTERLY REMITTANCE REPORT**  
**ND DEPARTMENT OF COMMERCE/ND ETHANOL COUNCIL**

SFN 59505 (10/23)

For the Period : \_\_\_\_\_ to \_\_\_\_\_

**INSTRUCTIONS:**

**This is a dual-purpose form** – 1) To serve as the affidavit to report gallons produced for the North Dakota Ethanol Incentive program and 2) To serve as the reporting mechanism for the assessment due to the North Dakota Ethanol Council.

Please complete all items on this form even if you did not produce ethanol during the reporting period covered by this report. Please mail this form along with your payment (if applicable) for the quarterly ethanol council assessment to:

**North Dakota Ethanol Council**  
**c/o Dana Hager, Executive Director**  
**1605 East Capitol Avenue**  
**Bismarck, ND 58501**

Please keep a copy of this form for your files. To avoid penalty and interest, this report and your check (if applicable) must be received within 30 days after the end of each reporting period.

If you have any questions concerning the NDEC Assessment, please contact Dana Hager at 701-355-4458 or email at office@ndethanol.org. If you have any questions about the ND Ethanol Incentive, please contact Lori Nitsch at 701-328-2693 or lnitsch@nd.gov.

Company Name	Address	
City	State	Zip Code
Production Facility Location (if different)		

**ASSESSMENT COMPUTATION**

Total Gallons of Ethanol Produced this Reporting Period *		_____
Assessment Rate (per gallon)	X	<b>\$0.0003</b>
<b>Assessment Due</b>	=	_____

*\*Gallons produced should not include denaturant.*

**FAILURE TO REPORT OR ANY FALSIFICATION CONSTITUTES A CLASS B MISDEMEANOR AND IS PUNISHABLE IN ANY COURT IN THE STATE OF NORTH DAKOTA.**

I certify that, to the best of my knowledge, the information is correct and complies with the provisions of both the ND Ethanol Incentive Program and the ND Ethanol Council. I further certify that all of the ethanol for which a producer's credit is requested is produced by the company's plant located at \_\_\_\_\_, ND and is to be sold at retail in blended gasoline.

Member Signature	Date
Title	Telephone Number

STATE OF NORTH DAKOTA

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ before me personally appeared \_\_\_\_\_, known to me to be the person who is described in and who executed the within instrument, and acknowledged to me that that person (or they) executed the same.

\_\_\_\_\_  
 Notary Public

My Commission Expires \_\_\_\_\_