

Quarterly Federal Excise Tax Return

See the Instructions for Form 720.
Go to www.irs.gov/Form720 for instructions and the latest information.

OMB No. 1545-0023

Check here if:
 Final return
 Address change

Name	Quarter ending
Madison County Board of Supervisors	June 30, 2023
Number, street, and room or suite no. (If you have a P.O. box, see the instructions.)	Employer identification number
125 West North Street	64-6000658
City or town, state or province, country, and ZIP or foreign postal code	
Canton, MS, USA 39046	

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Part I			
IRS No.	Environmental Taxes (attach Form 6627; ODCs are ozone-depleting chemicals)	Tax	IRS No.
53	Domestic petroleum superfund tax		53
18	Domestic petroleum oil spill tax		18
16	Imported petroleum products superfund tax		16
21	Imported petroleum products oil spill tax		21
54	Chemicals (other than ODCs)		54
17	Imported chemical substances		17
98	ODCs		98
19	ODC tax on imported products		19
Communications and Air Transportation Taxes (see instructions)		Tax	
22	Local telephone service and teletypewriter exchange service		22
26	Transportation of persons by air		26
28	Transportation of property by air		28
27	Use of international air travel facilities		27
Fuel Taxes			
		Number of gallons	Rate
60	(a) Diesel, tax on removal at terminal rack		\$.244
	(b) Diesel, tax on taxable events other than removal at terminal rack		.244
	(c) Diesel, tax on sale or removal of biodiesel mixture (not at terminal rack)		.244
104	Diesel-water fuel emulsion		.198
105	Dyed diesel, LUST tax		.001
107	Dyed kerosene, LUST tax		.001
119	LUST tax, other exempt removals (see instructions)		.001
35	(a) Kerosene, tax on removal at terminal rack (see instructions)		.244
	(b) Kerosene, tax on taxable events other than removal at terminal rack		.244
69	Kerosene for use in aviation (see instructions)		.219
77	Kerosene for use in commercial aviation (other than foreign trade)		.044
111	Kerosene for use in aviation, LUST tax on nontaxable uses		.001
79	Other fuels (see instructions)		
62	(a) Gasoline, tax on removal at terminal rack		.184
	(b) Gasoline, tax on taxable events other than removal at terminal rack		.184
13	Any liquid fuel used in a fractional ownership program aircraft		.141
14	Aviation gasoline		.194
112	Liquefied petroleum gas (LPG) (see instructions)		.183
118	"P Series" fuels		.184
120	Compressed natural gas (CNG) (see instructions)		.183
121	Liquefied hydrogen		.184
122	Fischer-Tropsch process liquid fuel from coal (including peat)		.244
123	Liquid fuel derived from biomass		.244
124	Liquefied natural gas (LNG) (see instructions)		.243

IRS No.		Rate	Tax	IRS No.	
33	Retail Tax —Truck, trailer, and semitrailer chassis and bodies, and tractor	12% of sales price		33	
29	Ship Passenger Tax Transportation by water	Number of persons \$3 per person	Tax	29	
31	Other Excise Tax Obligations not in registered form	Amount of obligations \$.01	Tax	31	
30	Foreign Insurance Taxes —Policies issued by foreign insurers	Premiums paid	Rate	Tax	IRS No.
	Casualty insurance and indemnity bonds		\$.04	}	30
	Life insurance, sickness and accident policies, and annuity contracts		.01		
	Reinsurance		.01		
Manufacturers Taxes		Number of tons	Sales price		
36	Coal—Underground mined		\$1.10 per ton		36
37			4.4% of sales price		37
38	Coal—Surface mined		\$.55 per ton		38
39			4.4% of sales price		39
108	Taxable tires other than bias ply or super single tires	Number of tires		Tax	IRS No.
109	Taxable bias ply or super single tires (other than super single tires designed for steering)				109
113	Taxable tires, super single tires designed for steering				113
40	Gas guzzler tax. Attach Form 6197. Check if one-time filing <input type="checkbox"/>				40
97	Vaccines (see instructions)				97
	Reserved for future use	Sales price	2.3% of sales price		
1	Total. Add all amounts in Part I. Complete Schedule A unless one-time filing			\$	

Part II

IRS No.	Patient-Centered Outcomes Research Fee (see instructions)	(a) Avg. number of lives covered (see inst.)	(b) Rate for avg. covered life	(c) Fee (see instructions)	Tax	IRS No.
133	Specified health insurance policies				}	133
	(a) With a policy year ending before October 1, 2022		\$2.79			
	(b) With a policy year ending on or after October 1, 2022, and before October 1, 2023		\$3.00			
	Applicable self-insured health plans					
	(c) With a plan year ending before October 1, 2022	698	\$2.79	1,947.42	}	133
	(d) With a plan year ending on or after October 1, 2022, and before October 1, 2023		\$3.00			
41	Sport fishing equipment (other than fishing rods and fishing poles)		Rate		Tax	41
110	Fishing rods and fishing poles (limits apply, see instructions)		10% of sales price			110
42	Electric outboard motors		3% of sales price			42
114	Fishing tackle boxes		3% of sales price			114
44	Bows, quivers, broadheads, and points		11% of sales price			44
106	Arrow shafts		\$.59 per shaft			106
140	Indoor tanning services		10% of amount paid			140
64	Inland waterways fuel use tax	Number of gallons	Rate		Tax	64
125	LUST tax on inland waterways fuel use (see instructions)		\$.29			125
51	Section 40 fuels (see instructions)		.001			51
117	Biodiesel sold as but not used as fuel					117
20	Floor Stocks Tax —Ozone-depleting chemicals (floor stocks). Attach Form 6627.					20
150	Excise Tax on Repurchase of Corporate Stock. Attach Form 7208.					150
2	Total. Add all amounts in Part II				\$ 1,947.42	

Part III

3	Total tax. Add Part I, line 1, and Part II, line 2	3	1,947	42
4	Claims (see instructions; complete Schedule C)	4		
5	Deposits made for the quarter <input type="checkbox"/> Check here if you used the safe harbor rule to make your deposits.	5	1,947	42
6	Overpayment from previous quarters	6		
7	Enter the amount from Form 720-X included on line 6, if any	7		
8	Add lines 5 and 6	8		
9	Add lines 4 and 8	9		
10	Balance Due. If line 3 is greater than line 9, enter the difference. Pay the full amount with the return (see instructions)	10		
11	Overpayment. If line 9 is greater than line 3, enter the difference. Check if you want the overpayment: <input type="checkbox"/> Applied to your next return, or <input type="checkbox"/> Refunded to you.	11		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete the following. **No**

Designee name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature: *Na'Son White* Date: *7/27/2023* Title: **Comptroller**

Type or print name below signature. **Na'Son White** Telephone number **(601) 855-5580**

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____