

Department of Transportation  
Airports Division  
Honolulu International Airport  
400 Rodgers Boulevard, Suite 700  
Honolulu, Hawaii 96819-1880

Month of \_\_\_\_\_

**STATEMENT OF GROSS INCOME FOR:**

Quarter Ending \_\_\_\_\_

Lease/Permit Agreement  
Number \_\_\_\_\_ Number \_\_\_\_\_ Campus \_\_\_\_\_

**FBO STATEMENT OF GROSS RECEIPTS**

Reportable Gross Receipts for this period	\$	
_____ % of \$ _____	= \$	
_____ % of \$ _____	= \$	
_____ % of \$ _____	= \$	
Balance fee due	\$	

**FUEL FLOWAGE FEE**

Gallon Sold: Current Month \_\_\_\_\_ Year to Date \_\_\_\_\_

Monthly Fuel Flowage Fee Due \$ \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_  
Gallons

**OTHER INCOME** (For report requirement and audit purposes only) \_\_\_\_\_

I certify that the above is true and correct:

By \_\_\_\_\_ Date \_\_\_\_\_  
(Signature and Title)

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_  
DBA \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**NOTE:** All sections of this form must be completed in order to be processed. Incomplete forms will be returned and may result in late filing charges. An interest charge of 12% per annum will be charged for late filing and/or payments. Please refer to your Lease, Revocable Permits or other documents for due dates.

**AIRPORTS DIVISION USE ONLY**

Date Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Account No. \_\_\_\_\_ Amount \_\_\_\_\_