



Alabama Department of Revenue Monthly Lubricating Oils Tax Return

This space for office use.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Check here if new address Check here for EFT payment

FEIN _____ SSN _____

Lubricating Oils Permit No.

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Check here if Amended Return

CN (FOR OFFICE USE ONLY) _____

Month of _____, _____

Phone Number (_____) _____

E-Mail Address _____

(Columns 1 & 2 MUST be completed)

		1 GALLONS OF LUBRICANTS @ .02	2 GALLONS OF LUBRICANTS @ .04	OFFICE USE
INVENTORY ACCOUNTING				
1. Opening bulk inventory (Alabama storage only)	1			
2. Tax-free receipts (Purchases in Alabama) (Schedule A)	2			
3. Imports into Alabama/Other (Explain)	3			
4. TOTAL ACCOUNTABLE GALLONAGE (Add lines 1 through 3)	4			
ADJUSTMENTS AND DEDUCTIONS				
5. Tax-free sales to other permit holders (Schedule B)	5			
6. Exports to other states (Schedule C)	6			
7. Other (Explain)	7			
8. Sales to U.S. Gov't., Class 1 & 2 Municipalities, and National Guard (Attach listing of sales)	8			
9. Sales of non-lubricating oils (Attach an explanation)	9			
10. Sales to City & County Boards of Education (Attach Schedule LOX, page 1)	10			
11. Other non-taxable sales, \$.04 only (Attach listing of sales or Sch. LOX, page 2) . . .	11			
12. Closing inventory	12			
13. TOTAL ADJUSTMENTS AND DEDUCTIONS (Add lines 5 through 12) . . .	13			
TAX COMPUTATION				
14. Total taxable gallons (Line 4 minus line 13)	14			
15. Tax rate	15	X \$.02	X \$.04	
16. Gross tax due this month (Multiply line 14 by line 15)	16	\$	\$	
17. Interest per month	17	+	+	
18. Penalty for failure to timely file (The greater of 10% of line 16 or \$50.00)	18	+	+	
19. Penalty for failure to timely pay (10% of line 16)	19	+	+	
20. Less prior overpayment	20	-	-	
21. Total tax due (Add lines 16 through 19, subtract line 20)	21	\$	\$	
22. AMOUNT REMITTED	22			\$

AFFIDAVIT MUST BE EXECUTED

UNDER PENALTIES OF PERJURY, I declare that I have examined this return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete.

Affiant Signature _____ Title _____ Date _____

Subscribed and sworn to before me on this the _____ day of _____, _____

Signature of Notary Public _____ My commission expires _____, _____

Make check payable to: **Alabama Department of Revenue**
(Form MFT-V must be submitted with payment, unless payment is made electronically.)

Mail to: **Alabama Department of Revenue**
Motor Fuels Section
P.O. Box 327540
Montgomery, AL 36132-7540

Telephone Number: (334) 242-9608

Fax Number: (334) 242-1199

Web site: www.revenue.alabama.gov

A monthly return must be filed on or before the 20th of each month following the month of activity.

