



ALABAMA DEPARTMENT OF REVENUE
BUSINESS & LICENSE TAX DIVISION
MOTOR FUELS SECTION

B&L: CLG
6/17

P.O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199
www.revenue.alabama.gov

Alternative Fuel Monthly Tax Return

NAME			MONTH / YEAR
ADDRESS			LICENSE NUMBER
CITY	STATE	ZIP	FEIN (SSN)
CONTACT PERSON			TELEPHONE NUMBER ()
<input type="checkbox"/> Check Here If New Address	E-MAIL ADDRESS		

FUEL TYPE	1. TOTAL UNITS SOLD / WITHDRAWN (Total From Schedule 5)	2. EXEMPT SALES (Total From Schedule AFEE)	3. TAXABLE UNITS	4. TAX RATE PER UNIT	5. TAX DUE
1 CNG (Compressed Natural Gas)				\$0.08	
2 LNG (Liquefied Natural Gas)				\$0.08	
3 Subtotal (Add column 5, lines 1 and 2)					
4 Late File Penalty					
5 Late Pay Penalty					
6 Interest					
7 Credit Authorized					
8 Total Alternative Fuels Tax Amount Due (Add Lines 3-6, Subtract Line 7)					

Sample - Mandatory Electronic Filing

Units are gallons based upon gasoline gallon equivalents or diesel gallon equivalents.

Report, applicable schedule(s), and payment are due on or before the 20th day of the following month. If the due date falls on a week-end or state holiday, then the return is due the next business day.

Under penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

Title: _____ Telephone No. (____) _____

