



# CITY OF ANNISTON

P.O. Box 2168  
Anniston, AL 36202

## MONTHLY WHOLESALE MOTOR FUEL REPORT FOR THE MONTH OF \_\_\_\_\_

TAXPAYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Number of gallons of motor fuel  
sold in the City of Anniston \_\_\_\_\_ X \$.02..... \$ \_\_\_\_\_

Number of gallons of motor fuel sold  
in the Police Jurisdiction \_\_\_\_\_ X \$.01..... \$ \_\_\_\_\_

Amount of tax due (sum of City and Jurisdiction) ..... \$ \_\_\_\_\_

Late payment penalty, if applicable ..... \$ \_\_\_\_\_

15% if less than 30 days past due

30% if more than 30 days past due

Plus 1% per month interest

Total amount enclosed (tax amount & penalty, if any)..... \$ \_\_\_\_\_

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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE REPORT IS TRUE AND ACCURATELY SHOWS THE TOTAL GALLONS OF MOTOR FUELS SOLD BY SUCH LICENSEE DURING THE PRECEDING MONTH.

\_\_\_\_\_  
SIGNATURE OF LICENSEE OR DESIGNATED AGENT

\_\_\_\_\_  
DATE

Make checks payable to City of Anniston, Alabama.  
Remit monthly report and payment to:

City of Anniston  
Attn: Finance Department  
P.O. Box 2168  
Anniston, AL 36202

Phone: 256-231-7726  
Fax: 256-231-7664  
Web: [www.anniston.al.gov](http://www.anniston.al.gov)