

CITY OF ANNISTON, ALABAMA

P.O. BOX 2168
ANNISTON, AL 36202

MONTHLY RETAIL MOTOR FUEL REPORT

FOR THE MONTH OF _____, 20_____

DBA: _____

Taxpayer ID: _____

check here if additional forms are needed

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

TOTAL AMOUNT ENCLOSED (tax amount & penalty, if any) \$ _____

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 AMOUNT OF GASOLINE SALES BY SUCH LICENSEE DURING THE PRECEDING MONTH.

SIGNATURE OF LICENSEE OR DESIGNATED AGENT

DATE

Make checks payable to: City of Anniston

Remit monthly report and payment to:
City of Anniston
Attn: Finance Department
P.O. Box 2168
Anniston AL 36202-2168

Phone: (256) 231-7716
Fax: (256) 231-7664
Web: www.anniston.al.gov