MOTOR FUELS TAX
(NOT DIESEL)
DEKALB COUNTY, ALABAMA

Submit to:
The DeKalb County Commission
Suite 200
111 Grand Avenue, SW
Fort Payne, Alabama

Motor Fuels Tax Report for Month of: _____

DISTRIBUTOR NAME: _____

ADDRESS: _____

CONTACT NAME AND TELEPHONE NUMBER: _____

Gallons Sold	Station Sold To	Gallons Sold	Station Sold To

Note: Computer print-out my be attached in substitution if so desired.

TOTAL GALLONS _____

1- Taxable Sales, Distributions or Withdrawals From Storage in DeKalb County, Alabama (Specify Gallons)	gallons
2- **Rate of Tax (Act 59-418, 75-1026,91-610)**	.03
3- Tax Due (Line #1 multiplied by Tax Rate Line #2)	$
4- PENALTY (25% OF LINE #3) See Penalty Notation Below	$
5- Total Due (Remittance Attached)	$

PENALTY NOTATION: Tax Remittance must be **RECEIVED** in the offices of the DeKalb County Commission, no later than the 20th day of the next following month. Failure of this receipt shall be the attachment of a penalty in the amount of (25%) twenty-five percent of the Net Tax Due (line 3).

AFFIDAVIT

This is to certify that to the best of my knowledge and belief the above statement is true and correct and reflects total gallons of motor fuels upon which the DeKalb Fuels Tas is due for the month shown.

Signed: _____ Print Name: _____

Subscribed and sworn to before me this _____ day of _____, _____.

_____
Notary Public