



**ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
INTERNATIONAL FUEL TAX AGREEMENT**

P.O. Box 327620 • Montgomery, AL 36132-7620 • (334) 242-2999
www.revenue.alabama.gov

IFTA QUARTERLY FUEL USE TAX RETURN

1. License No.	Fleet No.	Client ID.	2. Date Due.
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3. Name & Address	For ADOR Use Only
	Check # _____
	Amount _____
	Date _____
	4a. <input type="checkbox"/> Cancel License
4b. <input type="checkbox"/> No Operation	
4c. Reporting Period :	_____ Qtr _____ Year
4d. <input type="checkbox"/> Amended Return	

5. Miles per gallon

A. Total Miles _____	+ B. Total Gallons _____	= C. Miles per gallons (MPG) _____
Fuel Type: _____		

6. IFTA Tax Computation (Refer To Instructions Sheet)

A	B	C	D	E	F	G	H	I	J
Jurisdiction	Tax Rate	Total Miles	Taxable Miles	Taxable Gallons	Tax Paid Gallons	Net Taxable Gallons	Tax Due	Interest Due	Total Due
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
							\$	\$	\$
Subtotal									
Non IFTA Miles:									
Total:									
							7. Net Total		\$
							8. Penalty		\$
							9. Total Due (Credit)		\$
							10. Refund <input type="checkbox"/>		\$

11. I Certify that the information reported on this return is true and correct

Signature _____ Date _____

Title _____ Phone _____

Paid Preparer's EIN	Paid Preparer's Phone
Paid Preparer's Name or firm (if other than Taxpayer)	

Paid Preparer's Address _____

Paid Preparer's Signature _____ Date _____