



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

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Motor Fuel Terminal Operator Monthly Report

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

TRANSACTIONS FOR THE MONTH	A GASOLINE	B UNDYED DIESEL	C DYED DIESEL	D AVIATION GAS	E JET FUEL
1 Beginning Inventory					
2 Total Receipts					
3 Total Gallons Available (<i>Line 1 plus Line 2</i>)					
4 Total Disbursements					
5 Gallons Available (<i>Less Disbursements</i>) (<i>Line 3 minus Line 4</i>)					
6 Stock Gains and Losses					
7 Actual Ending Inventory					

Sample – Mandatory Electronic Filing

This report is due by the last day of the month following the month covering the report. If the due date falls on a weekend or state holiday, then the return is due the next business day.

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

Signature: _____ Date: _____ Title: _____ Telephone Number: (_____)_____

COMPLETE ONLY IF CHANGE IN BUSINESS STATUS HAS OCCURRED.

Date Business Discontinued: _____ Date Business Sold: _____ Name of Purchaser: _____