



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

P.O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608 • Fax (334) 242-1199  
[www.revenue.alabama.gov](http://www.revenue.alabama.gov)

## Motor Fuel Back Up Tax Report

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

**TAX COMPUTATION**

	A GASOLINE	B UNDYED DIESEL	C AVIATION GAS	D JET FUEL
1 Non-taxed Fuel that was Sold or Consumed for Taxable Purposes . . . . .				
2 Taxable Fuel Used for Taxable Purposes on which an Exemption or Refund was Allowed . . . . .				
3 Aviation Gasoline or Jet Fuel Used other than for Fuel in an Aircraft . . . . .				
4 Other . . . . .				
5 Total Gallons (Add Lines 1, 2, 3, and 4) . . . . .				
6 Tax Rate . . . . .	\$0.29	\$0.30	\$0.095	\$0.035
7 Tax Due (Line 5 X Line 6) . . . . .				
8 Total Amount Due (Enter total amount due of all tax types from Line 7, Columns A, B, C, and D) <b>Payments Over \$750 Must be Paid Electronically.</b> . . . . .				<b>PAY THIS AMOUNT</b>

**No report is required to be filed if there is no reportable activity.**

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: (\_\_\_\_\_) \_\_\_\_\_