SUBT: MF-1
(7/09)

Alabama Department of Revenue

Monthly Motor Fuels Tax Return

(RECEIPTS BASIS ONLY)

THIS SPACE FOR OFFICE USE.

NAME

ADDRESS

CITY STATE ZIP

☐ **Check here if new address** ☐ **Check here for EFT payment**

FEIN _____ SSN _____

Alabama Motor Fuels License No. ☐☐☐☐☐☐☐☐

☐ **Check here if Amended Return**

CN (FOR OFFICE USE ONLY) _____

Month of _____, _____

Phone Number (_____)_____

E-Mail Address _____

(All blocks must be completed.)

		UNDYED FUEL GALLONS	DYED FUEL GALLONS	OFFICE USE ONLY
1. Total bulk storage capacity	1			
RECEIPTS				
2. Beginning Inventory*	2			
3. Tax-free receipts **(Schedule A)**	3			
4. Other (Attach explanation)/Gain (dyed only)	4			
5. Total accountable gallons (Add lines 2 through 4)	5			
ADJUSTMENTS AND DEDUCTIONS				
6. Tax-free sales to license holders **(Schedule B)**	6			
7. Sales of dyed motor fuel to unlicensed customers**	7			
8. Sales to the U.S. government (Attach listing)	8			
9. Exports into other states **(Schedule C)**	9			
10. Other exemptions (Attach listing)/Loss (dyed only)	10			
11. Educational and Governmental Entity Exemptions **(Schedule MFD – page 1)**	11			
12. Ending inventory*	12			
13. Total Adjustments and Deductions (Add lines 6 through 12)	13			
TAX COMPUTATION				
14. Taxable gallons (Line 5 minus line 13)	14			
15. Tax rate	15	X $0.19		
16. Gross tax due (Multiply line 14 by line 15)	16	$		
17. Less discount (2% of 1st $10,000.00, 1% above $10,000.00, not to exceed $500.00)	17	–		
18. Net tax due (Line 16 minus line 17)	18	$		
19. Interest	19	+		
20. Penalty for failure to timely file (The greater of 10% of line 16 or $50.00)	20	+		
21. Penalty for failure to timely pay (10% of line 16)	21	+		
22. Less prior overpayment (Letter of credit must be attached)	22	–		
23. Total amount due (Add lines 18 through 21, subtract line 22)	23	$		
24. Amount remitted	24	$		

* Inventories reflect only dyed fuel.
** Sales are restricted to non-highway use. Copies of invoices must be maintained.

AFFIDAVIT MUST BE EXECUTED

UNDER PENALTIES OF PERJURY, I declare that I have examined this return and accompanying schedules and statements and, to the best of my knowledge and belief, they are true, correct, and complete.

Affiant Signature _____ Title _____ Date _____

Subscribed and sworn to before me on this the _____ day of _____, _____

Signature of Notary Public _____ My commission expires _____, _____

Make check payable to: **Alabama Department of Revenue**
(Form MFT-V must be submitted with payment, unless payment is made electronically.)

Mail to: **Alabama Department of Revenue**
Motor Fuels Section
P.O. Box 327540
Montgomery, AL 36132-7540

Telephone Number: (334) 242-9608

Fax Number: (334) 242-1199 Web site: **www.revenue.alabama.gov**

A monthly return must be filed on or before the 20th of each month following the month of activity.

ALABAMA DEPARTMENT OF REVENUE

List a summary total, by motor fuel product, for each distributor or storer and attach detailed documentation to support each receipt and each sale. If necessary, attach supplementary sheets.

Name: _____

SCHEDULE A

TAX-FREE RECEIPTS OF MOTOR FUELS IN ALABAMA

MONTH OF SALE	DISTRIBUTOR OR SUPPLIER	ALABAMA MOTOR FUELS LICENSE NO.	STATE OF ORIGIN	UNDYED FUEL GALLONS	DYED FUEL GALLONS
TOTAL TO LINE 3 OF FORM MF-1					

SCHEDULE B

TAX-FREE SALES OF MOTOR FUELS IN ALABAMA

MONTH OF SALE	LICENSE HOLDERS ONLY	ALABAMA MOTOR FUELS LICENSE NO.	UNDYED FUEL GALLONS	DYED FUEL GALLONS