



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

SUBT: MFC
8/11

P. O. Box 327540 • Montgomery, AL 36132-7540 • (334) 242-9608

Carrier/Warehouser Monthly Report of Petroleum Products Received, Stored or Delivered in Alabama

IMPORTANT: See reverse side of report for instructions before completing! This report is due the 15th day of the month following the month of activity.

COMPANY NAME		
PRESENT ADDRESS (Number and street or rural route)		
CITY	STATE	ZIP
BUSINESS CLASSIFICATION (Check only one)		
<input type="checkbox"/> Pipeline	<input type="checkbox"/> Truck	<input type="checkbox"/> Railroad <input type="checkbox"/> Marine <input type="checkbox"/> Warehouse

MONTH OF _____, 20____

FEIN / SOCIAL SECURITY NO. _____

TELEPHONE NO. (_____) _____

CONTACT PERSON _____

1 CONSIGNOR & ORIGIN	2 CONSIGNEE & DESTINATION	3 DOCUMENT DATE	4 DOCUMENT NUMBER	5 NAME OF PETROLEUM PRODUCT OR SUBSTITUTE	6 GALLONS	7 POUNDS / BARRELS
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					

SUBTOTAL (Page Total)

GRAND TOTAL

NOTE: ALL PREVIOUS SUBT: MFC FORMS ARE OBSOLETE AND SHOULD BE DESTROYED.

1 CONSIGNOR & ORIGIN	2 CONSIGNEE & DESTINATION	3 DOCUMENT DATE	4 DOCUMENT NUMBER	5 NAME OF PETROLEUM PRODUCT OR SUBSTITUTE	6 GALLONS	7 POUNDS / BARRELS
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
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CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					
CONSIGNOR'S NAME:	CONSIGNEE'S NAME:					
ADDRESS	ADDRESS					
CITY STATE	CITY STATE					
ORIGIN OF SHIPMENT: CITY STATE	DESTINATION OF SHIPMENT: CITY STATE					

INSTRUCTIONS

- Sequentially number each page of this report.
- Enter complete business name and address.
- Enter period (month) for which this report is filed.
- Enter your FEIN / Social Security Number.
- Enter your telephone number.
- Check business classification.
- Enter name of contact person.

COLUMN 1 – Enter the consignor’s name and address. Enter point of origin of product, city and state.
COLUMN 2 – Enter the consignee’s name and address. Enter destination of product, city and state.
COLUMN 3 – Enter the document date. A document may be a bill of lading, invoice or manifest.
COLUMN 4 – Enter the document number.
COLUMN 5 – Enter the exact name of the petroleum product or substitute being reported.
COLUMN 6 – Enter the number of gallons. If product is given in pounds or barrels, use only Column 7.
COLUMN 7 – Enter the number of pounds or barrels if applicable.
TOTALS – Each **page** of the report must have a subtotal of gallons or pounds.
The **last page** of the report must have a grand total of gallons or pounds.

SUBTOTAL (Page Total)

GRAND TOTAL

Page Number _____ of _____

IMPORTANT

Sections 40-17-200 and 40-17-201, **Code of Alabama 1975**, requires each carrier or warehouse operating in this state to report to the Alabama Department of Revenue all quantities of petroleum products or substitutes shipped, received, stored or transferred in this state by such carrier or warehouse. Code Section 40-17-203, provides substantial penalties for failure to comply. The report is due on the 15th day of the month following the month of activity.

COMPUTER SCHEDULES

You may use computer generated schedules to provide the detailed information required; however, you must still complete this report form which summarizes the information on the computer schedules. You must attach this report form to the computer schedules you file!