

CITY OF SPANISH FORT

GASOLINE AND MOTOR FUEL REPORT

**RETURN DUE
ON OR BEFORE 15TH
OF EACH MONTH**

This return is for the month of _____, 20_____

BUSINESS NAME AND ADDRESS:

MAKE CHECK PAYABLE TO:

CITY OF SPANISH FORT
7361 SPANISH FORT BLVD.
SPANISH FORT, ALABAMA 36527

PHONE: 251-626-4884

FAX: 251-626-4880

SUMMARY OF ATTACHED DETAIL LISTING BY CUSTOMER

Gasoline _____ gallons @ .01 = \$ _____

Motor/Diesel _____ gallons @ .01 = \$ _____

Total Tax \$ _____

Penalty \$ _____

(PENALTY RATE: 20% OF TAX)

Total Amount Due \$ _____

This return, including accompanying schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return made in good faith, for the period stated.

Signature

Date