



City of Decatur
P.O. Box 488
Decatur, AL 35602-0488

Gas Tax Form

Tax Period Being Paid: _____

City Tax ID number: _____

(If you do not know your number please contact us)

revenueforms@decatural.gov

Please indicate below the total number of gallons sold of gasoline or other liquid motor fuels for the month indicated. This total should not include products such as "kerosene oil," "fuel oil," or "crude oil" used for lighting or heating purposes. This tax return, including payment, must be remitted to the City of Decatur by the 20th day of the month following the month in which the sales occurred.

Legal Business Name: _____

Location Address: _____

City, State, Zip: _____

PJ Gas Rate .01

City Gas Rate .02

• Total Gallons Sold

\$ _____

• Deductions

\$ _____

• Net Gallons Sold

\$ _____

• Total Tax Due

\$ _____

Penalty 15% _____ Interest 1% _____

Total Amount Due: _____

DATE: _____

SIGNATURE: _____

This tax return, including any accompanying statements and/or 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.