MONTGOMERY COUNTY, ALABAMA
MONTHLY GASOLINE TAX RETURN

MONTGOMERY COUNTY COMMISSION
TAX & AUDIT DEPARTMENT
P.O. BOX 4779
MONTGOMERY, AL 36103-4779

Name _____

Address _____

Month of _____ _____

Mail to

BEFORE the 20th day of the next succeeding month.

INSTRUCTIONS

1. This return must be filled with the Montgomery County Commission not later than the 20th day of the next succeeding month in which sales and withdrawals are made.

2. This return is required on all gasoline sold or withdrawn from storage in the County of Montgomery except that it is not required from filling stations when such stations purchase gasoline from distributors in the county or from distributors outside the county when such distributors report and pay tax on sales in Montgomery County.

3. List on line nine total sales made from Montgomery County storage into other counties. On Form GA-3-C, Sales of Gasoline from Montgomery County Storage into Other Counties, list name, address, and quantity to each consignee. On line eleven, list total sales or transfers to other licensed dealers tax free. On page two under heading sales to Other Licensed Dealers, give name, address and quantity to each consignee.

4. All deduction made by reason of sales to the U.S. Government must be supported by evidence to the County Commission that such gasoline was sold from dealer's own stock for exclusive use by U.S. Government in essential governmental activities. When evidence not submitted along with reports, it must be held subject to inspection by agents of the Montgomery County Commission.

TO BE ACCOUNTED FOR	Gallons Of Gasoline
1. On hand beginning of month	
2. Received during month taxable	
3. Received during month tax paid	
4. Sales into county subsidiaries taxable	
5. Sales into county subsidiaries tax paid	
6. Gain	
7.	
Total to be Accounted For	
ACCOUNTED FOR	
8. Sales and withdrawals for month within County of Montgomery	
9. Sales for month in other counties	
10. Sales or transfer of stock to other licensed dealers tax paid	
11. Sales or transfer of stock to other licensed dealers tax free	
12. Sales from own stock to U.S.	
13. Loss	
14.	
15. On hand at end of month	
Total to be Accounted for	
CALCULATION OF TAX	
_____ Gallons sold within county and withdrawn for use during month @ 1c per gallon	$
Less 2% Collection discount	
Check enclosed for $ _____ in payment total tax	$

THIS QUESTION MUST BE ANSWERED

Are sales and withdrawals given in lines 5 and 7 above made form more than one place of business? _____
If so, give list of places where sold and number of gallons sold at each place.

LOCATION OF BUSINESS

	Gallons Sold and Withdrawn		Gallons Sold and Withdrawn

(If this space insufficient, attach typewritten list of places of business to this return)

DETAILED RECEIPTS

Date	Car No.	Gallons	Date	Car No.	Gallons

(If this space insufficient, attach typewritten list of shipments)

AFFIDAVIT

State of _____
_____ County.

I, _____
(Name of person making affidavit)

the _____ of the _____, whose address is
(This line to be filled in when return made by corporation)

_____, first being duly sworn, deposes and says upon oath that the statement here submitted is full, true and correct to the best of my knowledge and belief.

Subscribed and sworn to before me this the _____ day of _____. _____

_____
Notary Public

101-113 (Rev. 1/90)

GAD-1

MONTGOMERY COUNTY COMMISSION
Montgomery, AL

MONTHLY TAX RETURN
MOTOR FUELS (Other Than Gasoline)

MONTGOMERY COUNTY COMMISSION
TAX & AUDIT DEPARTMENT
MONTGOMERY COUNTY ALABAMA
P.O. BOX 4779
MONTGOMERY, AL 36103-4779

Name _____

City or Town _____, State _____

Month of _____, _____

Mail to the _____ BEFORE the 20th day of the next succeeding month.

CHARGES				Gallons	CREDITS			Gallons
1.	Opening	Inventory	Liq. Gas		1.	Sales Liq. Gas	Tax Free	
							Taxable	
2.	"	"	Diesel Fuel		2.	" Diesel Fuel	Tax Free	
							Taxable	
3.	"	"	Tractor Fuel		3.	" Tractor Fuel	Tax Free	
							Taxable	
4.	"	"			4.	"	Tax Free	
						"	Taxable	
5.	Receipts		Liq. Gas		5.	Loss Liq. Gas		
6.	"	"	Diesel Fuel		6.	" Diesel Fuel		
7.	"	"	Tractor Fuel		7.	" Tractor		
8.	"	"			8.	"		
9.	Gains		Liq. Gas		9.	Closing Inv.	Liq. Gas	
10.	"	"	Diesel Fuel		10.	" "	Diesel Fuel	
11.	"	"	Tractor Fuel		11.	" "	Tractor Fuel	
12.	"	"			12.	" "		
13.	Total			0	13.	Total		

Taxable Gallons _____ @ 1c sold within county during month _____ $ _____

Less 2% Collection discount _____ $ _____

Check enclosed in payment total tax _____ $ _____

STATE OF ALABAMA

_____ COUNTY

I, _____
(Name of person making affidavit)

the _____ of the _____ whose
(This line to be filled in when return is made by corporation)

Address is _____ first being duly sworn, deposes and says upon oath that the statement here submitted is full, true and correct to the best of my knowledge and belief, and that the inventories shown hereon are book ☐ or actual ☐

_____

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

_____
Notary Public

FORM
110-134

Form GA-3-B

MONTGOMERY COUNTY

SALES

SALES OF GASOLINE TO OTHER LICENSED DEALERS
During Month of

_____ 19 _____

Montgomery County Commission
Tax & Audit Department
P.O. Box 4779
Montgomery, AL 36103-4779
(334) 832-1697

By _____ , _____
Name Address

Date	To Licensed Dealer	Address	Car Initial	Car No.	Truck Delivery	GALLONS	
						Tax Paid	Tax Free

SALES

SALES OF MOTOR FUEL (OTHER THAN GASOLINE) TO OTHER LICENSED DEALERS

During Month of

_____ 19 _____

Montgomery County Commission
Tax & Audit Department
P.O. Box 4779
Montgomery, AL 36103-4779
(334) 832-1697

By _____ , _____
Name Address

DATE	TO LICENSED DEALER	ADDRESS	INVOICE NO.	KEROSENE		DIESEL	
				TAX PAID	TAX FREE	TAX PAID	TAX FREE

FORM 110-135

MONTGOMERY COUNTY

Motor Fuel Taxable Sales Statement

MONTGOMERY COUNTY
COMMISSION
Tax & Audit Department
P.O. Box 4779
Montgomery, AL 36103-4779

The following list reflects the total motor fuel sales for the month of ____________________

________________________, ___________, on which Montgomery County tax is enclosed.

CUSTOMER NAME	LOCATION or ADDRESS (Use Road or Street Name)	GALLONS DELIVERED	
		GASOLINE	OTHER
	TOTALS		

The above listed sales made by ____ to customers in Montgomery County on which Montgomery County taxes are enclosed, is true and correct to the best of my knowledge and belief.

Signature ____

Title ____

This form is to be used as a supporting statement of taxes paid to Montgomery County, and does not replace any other forms or statements currently required.