

(251) 937-9561 North Baldwin
(251) 943-5061 South Baldwin
(251) 928-3002 Eastern Shore

Baldwin County
SALES, USE & LICENSE TAX DEPARTMENT
P O Box 189
Robertsdale, AL 36567
(251) 972-6836 (Fax)

FOR OFFICE USE ONLY
BATCH _____
CK/CASH _____
AMOUNT _____
INITIALS _____

Motor Fuel Tax Return

REPORTING PERIOD: _____

Make checks payable to:
Baldwin County Sales & Use Tax Dept.
P O Box 189
Robertsdale, AL 36567

Tax Id. _____

THIS RETURN MUST BE POSTMARKED BY THE 20TH DAY OF THE MONTH FOLLOWING THE REPORTING PERIOD FOR WHICH YOU ARE FILING TO BE CONSIDERED A TIMELY RETURN. (A RETURN IS REQUIRED FOR EACH PERIOD EVEN THOUGH NO TAX MAY BE DUE.)

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, Business Address, or Number of Outlets?
 YES If "YES" please indicate changes on back of this form. NO - No Changes

Check here if this is a final tax return.

TYPE OF MOTOR FUEL	(A) # OF GALLONS	(B) TAX RATE	(C) GROSS TAX DUE (Column A x Column B)
GASOLINE		\$.05 PER GALLON	
DIESEL		\$.05 PER GALLON	
OTHER		\$.05 PER GALLON	
TOTAL GALLONS OF MOTOR FUEL:			

(1) TOTAL TAX DUE (Total of Column C)	
(2) PENALTY (Item 1 X 25%) If postmarked after 20TH	
(3) TOTAL AMOUNT DUE	

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and completed report for the period stated.

Signature: _____ Date: _____

Title: _____

