

WALKER COUNTY

P.O. Box 1447

Jasper, Alabama 35502

PHONE 384-7232

This Space for Office use Only.

ACT 47

APPROVED 12 Dec. 77

MONTHLY GASOLINE TAX RETURN

Name _____

Address _____

Month of _____, 20 _____

| TO BE ACCOUNTED FOR | TOTAL GALLONS SOLD | |
|--|---|--|
| | IN TOWNS WHERE TAX IS 1/4 CENT OR MORE 1 CENT PER GAL | ALL OTHER LOCATIONS IN COUNTY 1 1/4 CENT PER GAL |
| 1. Opening Bulk Inventory | | |
| 2. Received during month taxable (Schedule I) | | |
| 3. Received during month tax paid (Schedule I) | | |
| 4. Gain | | |
| 5. | | |
| Total to be Accounted For | | |
| ACCOUNTED FOR | | |
| 6. Taxable Sales | | |
| 7. Taxable Use | | |
| 8. Sales to Licensed Dealers Less Tax (Schedule II) | | |
| 9. Sales for month in Other States or Counties | | |
| 10. Sales from stock bought tax paid | | |
| 11. Sales to United States Government | | |
| 12. Sales to State or County Government | | |
| 13. Loss | | |
| 14. Closing Bulk Inventory | | |
| Total Accounted For | | |

INSTRUCTIONS

1. This return must be filed with the Walker County Commission not later than the 20th day of and 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 This return is required on all gasoline sold or withdrawn from storage in the County of Walker except that it is not required from filling stations when such stations purchase gasoline from Distributors in this county or from distributors outside the county when such distributors report and pay tax on sales in Walker County.

3. All deductions 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 the 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 Walker County Commission.

| TOTAL GALLONS SOLD IN WALKER COUNTY, ALABAMA | | BULK INVENTORY DETAIL | |
|--|----------|-----------------------|---------|
| | | Location | Gallons |
| TOTAL AMOUNT OF TAX AT 1 0 PER GALLON | \$ _____ | | |
| TOTAL AMOUNT OF TAX AT 11/40 PER GALLON | \$ _____ | | |
| TOTAL AMOUNT OF TAX | \$ _____ | | |
| LESS DISCOUNT OF 3% ALLOWED ACT | \$ _____ | | |
| TOTAL AMOUNT OF TAX PAID | \$ _____ | | |
| | | | |
| | | TOTAL | |

AFFIDAVIT

STATE OF ALABAMA)
)
 WALKER COUNTY)
)
 I, _____ (Name of Person Making Affidavit)
 the _____ of the _____
 (This line to be filled in when return made by a corporation)

whose address is _____
 first being duly sworn, depose and say 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 actual.

Subscribed and sworn to before me this the _____ day of _____, 20 _____

Notary Public

NOTE: TO AVOID PENALTY, THIS REPORT MUST BE FILED AND TAX PAID BY THE 20TH DAY OF EACH MONTH.

ALL AFFIDAVITS MUST BE EXECUTED
 MAIL TO WALKER COUNTY COMMISSION P.O. BOX 1447 JASPER, ALABAMA 35502

