

CITY OF GREENSBORO

1101 Main Street, Greensboro, AL 36744
 Phone (334) 624-8119 Fax (334) 624-0500

LOCAL MOTOR FUEL TAX REMITTANCE FORM

FOR THE MONTH BEGINNING _____, 20____ AND ENDING _____, 20____

Name of Business, _____
 Business Address, _____
 Mailing Address, _____
 City/State/Zip, _____
 Phone, _____
 Fax, _____
 Contact Person, _____

MAIL THIS RETURN WITH REMITTANCE TO:
 City of Greensboro
 Attn. City Clerk
 1101 Main Street
 Greensboro, AL 36744
 (334) 624-8119

Please make all checks payable to City of Greensboro

Computation of Tax Liability

Gallons	Description	Tax Per Gallon	Ext. Amount
	Motor Fuel (Within City Limits)	1%	
	Motor Fuel (Within PJ)	½%	
	Diesel Fuel (Within City Limits)	1%	
	Diesel (Within PJ)	½%	
	Net Tax Due		
	Penalty (add for payment received after the 10 th of Month)	20%	

Total Amount Due, _____

Remittance Instructions.

Please remit the amount indicated on "Total Amount Due" line above, along with this form. Checks should be made payable to the City of Greensboro. Your remittance must be received by the City of Greensboro at the address shown above by the 10th of the month following the month when the taxes are collected. If the 10th of the month falls on a Saturday, Sunday or holiday when the city Hall is closed, payment must be received by the next business day.

I DECLARE UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

Printed Name, _____ Title, _____

Signature, _____ Date, _____