

Alternative Fuel Commercial User Monthly Tax Return

This form is issued under authority of Public Act 403 of 2000, as amended. Filing is mandatory.

INSTRUCTIONS: All licensed Alternative Fuel Commercial Users must file this report with remittance on or before the 20th day of the month following the end of the reporting period. **Only report whole gallons.** File even if no tax is due. Failure to file is punishable by penalty, interest and revocation of your license. Complete all applicable items.

Company Name		Company Mailing Address (Number, Street, City or Town, ZIP Code)	
1. Report Period (MM/CCYY)	2. Account Number (FEIN or TR)	3. License Number	
4. Contact Person Name	5. Telephone Number	6. Fax Number	
7. E-mail Address			

LIQUEFIED PETROLEUM GAS (LPG)

8. Number of gallons of LPG placed into a permanently attached fuel supply tank of a company owned motor vehicle 8. _____

9. Number of gallons of LPG delivered by exchanging or replacing the fuel supply tank of a company owned motor vehicle 9. _____

10. Number of gallons of LPG withdrawn from cargo container of truck, trailer or semi-trailer for operation of company owned motor vehicles 10. _____

COMPRESSED NATURAL GAS (CNG)

11. Number of gallon equivalents of CNG placed into a permanently attached fuel supply tank of a company owned motor vehicle..... 11. _____

LIQUEFIED NATURAL GAS (LNG)

12. Number of gallon equivalents of LNG placed into a permanently attached fuel supply tank of a company owned motor vehicle 12. _____

HYDROGEN GAS

13. Number of gallon equivalents of hydrogen gas placed into a permanently attached fuel supply tank of a company owned motor vehicle 13. _____

HYDROGEN COMPRESSED NATURAL GAS

14. Number of gallon equivalents of hydrogen CNG placed into a permanently attached fuel supply tank of a company owned motor vehicle..... 14. _____

OTHER ALTERNATIVE FUELS

15. Number of gallon equivalents of other alternative fuel placed into a permanently attached fuel supply tank of a company owned motor vehicle (Please list alternative fuel on line below) 15. _____

16. Number of gallon equivalents of other alternative fuel delivered by exchanging or replacing the fuel supply tank of a company owned motor vehicle (Please list alternative fuel on line below) 16. _____

17. Number of gallon equivalents of other alternative fuel withdrawn from cargo container of truck, trailer or semi-trailer for operation of company owned motor vehicles (Please list alternative fuel on line below) 17. _____

18. Gross taxable gallons or gallon equivalent. Add lines 8 through 17. 18. _____

TAX COMPUTATION

- 19. Tax due at 26.3 cents per gallon (line 18 x .263) 19. \$ _____
- 20. Penalty (5% of tax due per month to a maximum of 25%) 20. \$ _____
- 21. Interest (1% above prime rate set January 1 and July 1 of each year) 21. \$ _____
- 22. **TOTAL REMITTANCE.** Add lines 19 through 21 **PAY** 22. \$ _____

Certification		
<i>I certify under penalty of perjury, that I have examined this return, and to the best of my knowledge and belief, it is true and complete.</i>		
<input type="checkbox"/> I authorize Treasury to discuss my return and attachments with my preparer.		
<input type="checkbox"/> Do not discuss my return with my preparer.		
Authorized Printed Name	Title	Telephone Number
Authorized Signature		Date
Preparer's Printed Name	Preparer's FEIN	
Address (Number, Street, City or Town, ZIP Code)		Telephone Number
Preparer's Signature		Date

Make checks payable to "State of Michigan-Motor Fuel."
 Print your account number on the front of your check.

MAIL WITH REMITTANCE TO:

Michigan Department of Treasury
 PO Box 77401
 Detroit, Michigan 48278

MAIL ZERO RETURN TO:

Michigan Department of Treasury
 Special Taxes Division - Motor Fuel
 PO Box 30474
 Lansing, Michigan 48909

Questions? Call 517-636-4600