



CITY OF LEEDS

Monthly Gas Tax Return

1040 Park Drive

LEEDS, AL 35094

PHONE - 205-699-2585 FAX - 205-699-6558

For the Month of :				Year _____	
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Total Gallons	Fee Rate	Gross Tax Due	Penalty & Interest 10% Penalty, 12% interest per annum \$1.00 minimum	Total Tax Due
	1 Cent/Gallon			
Business Name _____ Account Number _____			Total Taxes Due	

Note: This return must be postmarked by the 20th of the following month to be considered timely and avoid late penalties.

I declare, under penalty of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Signature _____	Date _____
Print Name _____	FEIN _____
Email _____	Telephone _____



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