

CITY OF WEAVER, ALABAMA

MONTHLY GASOLINE & MOTOR FUEL TAX REPORT

**RETURN DUE ON OR BEFORE
20TH DAY OF MONTH**

ACCOUNT NUMBER: _____

REPORTING PERIOD: _____

(This return only for the business shown below)

MAIL THIS RETURN WITH REMITTANCE PAYABLE TO:

Name: _____

Address: _____

CITY OF WEAVER
 500 ANNISTON STREET
 WEAVER, AL 36277
 (256) 820-1121
 businesslicenses@weaver.al.gov

Type of Tax / Tax Area	(A) Total Gallons Sold	(B) Tax Rate	(C) Gross Tax Due (Column A x Column B)
GASOLINE:			
CITY OF WEAVER (\$.02 Per Gallon)		\$.02	
MOTOR / DIESEL:			
CITY OF WEAVER (\$.02 Per Gallon)		\$.02	
TOTAL — COLUMN C			
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. 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 complete report for the period stated.	(1) TOTAL TAX DUE (Total of column C)		
	(2) PENALTY (Less than 30 days late = Item 1 x 15%) (More than 30 days, less than 60 days late = Item 1 x 25%) (Greater than 60 days late = Legal Proceedings)		
	(4) NET TAX DUE (Item 1) (If delinquent, Items 1+2)		
	TOTAL AMOUNT DUE & ENCLOSED (MAKE CHECK PAYABLE TO CITY OF WEAVER)		
Signature			
Date	Title		
Phone #	E-Mail		