



Municipality of Anchorage, Treasury Division Motor Fuel Tax Return

Due date: End of the month following the month being reported

IMPORTANT NOTICE

Send original form to:
Municipality of Anchorage
Treasury Div., Motor Fuel Tax
632 W. 6th Ave., Suite 330
P.O. Box 196650
Anchorage AK 99519 - 6650

Name of Dealer	CertificateNo.	Month	Year	Amended Return <input type="radio"/> Yes <input type="radio"/> No

I. Receipts

	Gasoline	Diesel	Other
1. Gallons received tax-on			
2. Gallons received tax-off from Licensed Qualified Dealers (LQD)			
3. Gallons imported from other sources			
4. Total receipts (add lines 1 through 3)			

II. Distributions

Gallons Delivered Tax-On

	Gasoline	Diesel	Other
1. Gallons used by Dealer			
2. Gallons delivered tax-on to retailers and others excluding LQD			
3. Gallons delivered tax-on to LQD			
4. Total gallons delivered tax-on (add lines 1 through 3)			

Gallons Delivered Tax-Off

	Gasoline	Diesel	Other
5. Gallons delivered tax-off to LQD			
6. Gallons exported outside the Municipality of Anchorage			
7. Gallons delivered to U.S. government agencies for their official use			
8. Gallons delivered to state or local government agencies for their official use			
9. Other exempt or tax-off deliveries (attach explanation)			
10. Total gallons delivered tax-off (add lines 5 through 9)			
11. Total distributions (add lines 4 and 10)			

III. Inventory Reconciliation

	Gasoline	Diesel	Other
1. Beginning physical inventory (must agree with prior month's ending inventory)			
2. Receipts (from Section I line 4)			
3. Less Distributions (from Section II line 11)			
4. Gain (or Loss) (attach explanation)			
5. Transfers (re-brands from one product to another)			
6. Ending physical inventory (add lines 1, 2, 4, and 5; subtract line 3)			

If you have questions regarding these filing requirements, please visit our web site at www.muni.org/motorfueltax
or call (907) 343-6686, (907) 343-6634 or (907) 343-6967



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Name of Dealer

IV. Tax Computation

	Gasoline	Diesel	Other
1. Total gallons delivered tax-on (from Section II line 4)			
2. Less: Gallons received tax-on (from Section I line 1)			
3. Net taxable gallons (subtract line 2 from line 1)			
4. Tax (multiply line 3 by \$0.12)			
			Totals
5. Total tax for all fuel types			
6. Prior month adjustment (attach explanation)			
7. Total tax due with this return (subtract line 6 from line 5)			
8. Penalty-Failure to File Timely (10% or 25% of line 7; see instructions AMC 12.55.260) <input type="radio"/> 0% <input type="radio"/> 10% <input type="radio"/> 25%			
9. Penalty-Failure to Pay Timely (10% or 25% of line 7; see instructions AMC 12.55.260) <input type="radio"/> 0% <input type="radio"/> 10% <input type="radio"/> 25%			
10. Interest at the rate of 12% per annum (See instructions) Number of days <input type="text"/>			
11. Total AMOUNT DUE WITH RETURN (add lines 7 through 10)			Make remittance payable to MOA.

OTHER INFORMATION REQUIRED BY THE DEPARTMENT:

Enter net taxable gallons reported to the State of Alaska for each fuel type:

Gasoline	Diesel	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify under penalty of perjury that this return, including all accompanying explanations, has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return of all receipts, distributions, and inventory adjustments in the Municipality during the month specified above.

The Municipality's acceptance of this tax returns does not imply that this tax return is complete, accurate, or in compliance with Anchorage Municipal Code requirements.

Signature of Preparer:

Printed Name:

Date:

Phone:

E-mail:

Signature of Taxpayer or Officer of Corporation:

Printed Name:

Date:

Phone:

E-mail:

Mailing Address:

City:

State:

Zip Code:

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