



# The City of TROY

P.O. Box 549 · 306 East Academy Street · Troy, Alabama 36081

Phone: 334.670.6008 · Fax: 334.808.7404

## Monthly Gas Tax Return

FOR THE MONTH BEGINNING \_\_\_\_\_, 20\_\_\_\_ AND ENDING \_\_\_\_\_, 20\_\_\_\_

Name of Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_

MAIL THIS RETURN WITH REMITTANCE TO:

City of Troy  
Attn: City Clerk  
PO Box 549  
Troy, Alabama 36081  
(334) 566-0177

Please make all checks payable to City of Troy.

### Computation Of The Tax

Gallons	Description	Tax Per Gallon	Ext. Amount
	Motor Fuel (Within City Limits)	1 ¢	
	Motor Fuel (Within Police Jurisdiction)	½ ¢	
	Diesel Fuel (Within City Limits)	1 ¢	
	Diesel (Within Police Jurisdiction)	½ ¢	
<b>Total Tax Due</b>			

### Remittance Information

Remittance Type	Check Number (if applicable)	Amount Remitted
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Other _____		

This Gas Tax Return Form with remittance attached must be returned to the City of Troy, Alabama and must reach City Hall during the month succeeding the month covered by this return.

### AFFIDAVIT

STATE OF ALABAMA  
PIKE COUNTY

I, \_\_\_\_\_ of the  
\_\_\_\_\_ (company) whose address is \_\_\_\_\_

\_\_\_\_\_ first being duly sworn, depose and say, under oath, according to the law, that this Monthly Gas Tax Return, including any accompanying schedules or statements here submitted, to the best of my knowledge and belief, is a full, true and correct statement of gallons sold of any fuel used in over the road vehicles, and tax due thereon, for the month stated.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
(Owner or Agent)

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.