

Commercial Form Alternative Fuel Vehicle Conversion and Infrastructure Credits

A. Business information

Taxpayer ID 123456789

Business name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Claimant first name ABCDEFGHIJKLMN

M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Taxpayer Identification Number (TIN) 123456789

Telephone Number 123456789

Email Address ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mailing address 123456789ABCDEFGHIJKLMN

Suite/Apt/Bldg 123456789

City ABCDEFGHIJKLMNOPQRSTUVWXYZ

State AB

Zip code + 4 123456789

B. Alternative fuel vehicle (AFV) charging or fuel storage dispensing station

Claim 1

Equipment Manufacturer ABCDEFGHIJKLMN

Invoice Number ABCDEFGHIJKLMNOPQRSTUVWXYZ

(B1) Equipment Cost 123456789

(B2) Labor Cost 123456789

(B3) Total Cost (B1 + B2) 123456789

(B4) Multiply B3 by 0.50 123456789

(B5) Credit amount not to exceed \$10,000 per station or B4 123456789

Installation address (no PO Boxes) 123456789ABCDEFGHIJKLMN

Suite/Apt/Bldg 123456789

City ABCDEFGHIJKLMNOPQRSTUVWXYZ

State AB

Zip code + 4 123456789

Access (Select one) X Public or X Private

Hours of operation 1200-2200

Accepted payment methods 123456789

Claim 2

Equipment Manufacturer ABCDEFGHIJKLMN

Invoice Number ABCDEFGHIJKLMNOPQRSTUVWXYZ

(B1) Equipment Cost 123456789

(B2) Labor Cost 123456789

(B3) Total Cost (B1 + B2) 123456789

(B4) Multiply B3 by 0.50 123456789

(B5) Credit amount not to exceed \$10,000 per station or B4 123456789

Installation address (no PO Boxes) 123456789ABCDEFGHIJKLMN

Suite/Apt/Bldg 123456789

City ABCDEFGHIJKLMNOPQRSTUVWXYZ

State AB

Zip code + 4 123456789

Access (Select one) X Public or X Private

Hours of operation 1200-2200

Accepted payment methods 123456789

C. Alternative fuel vehicle (AFV) conversion

Claim 1

AFV Manufacturer
ABCDEFGHIJKLMABC

AFV model
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

(C1) Equipment Cost	(C2) Labor Cost	(C3) Total Cost (C1 + C2)	(C4) Multiply C3 by 0.50	(C5) Credit amount not to exceed \$19,000 per vehicle or C4
123456789	123456789	123456789	123456789	123456789

Conversion site address (no PO Boxes)
123456789ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

Suite/Apt/Bldg
123456789

City
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

State
AB

Zip code + 4
123456789

Claim 2

AFV Manufacturer
ABCDEFGHIJKLMABC

AFV model
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

(C1) Equipment Cost	(C2) Labor Cost	(C3) Total Cost (C1 + C2)	(C4) Multiply C3 by 0.50	(C5) Credit amount not to exceed \$19,000 per vehicle or C4
123456789	123456789	123456789	123456789	123456789

Conversion site address (no PO Boxes)
123456789ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

Suite/Apt/Bldg
123456789

City
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

State
AB

Zip code + 4
123456789

Retain your original documents. Attach photocopies of the following document(s) to this form. Failure to do so will result in any credit claim denials. The credit claimed in any one tax year cannot exceed the income tax liability.

1. A paid invoice, receipt or equivalent proof of payment for alternative fuel vehicle.

D. Signature I solemnly affirm under penalties of law, that to the best of my knowledge, the information that is the subject of this form is in accordance with all applicable laws, regulations and permitting requirements and is operational, that there are no false statements on this form or other materials submitted to the District of Columbia (DC), Office of Tax and Revenue, and that no false statements have been made in order to influence any action by DC on this form.

Print name _____

Date signed _____

Signature _____