

Commercial Form
Alternative Fuel Vehicle Conversion and Infrastructure Credits

A. Business information

Taxpayer ID: 123456789 Business name: ABCDEFGHIJKLMNOPQRSTUVWXYZ
Claimant first name: ABCDEFGHIJKLMBC M.I.: A Last name: ABCDEFGHIJKLMNOPQRSTUVWXYZ Social Security Number (SSN): 123456789
Telephone Number: 123456789 Email Address: ABCDEFGHIJKLMNOPQRSTUVWXYZ
Mailing address: 123456789ABCDEFGHIJKLMBCDEFGHIJKLMNOPQRSTUVWXYZ 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: ABCDEFGHIJKLMBC 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): 123456789ABCDEFGHIJKLMBCDEFGHIJKLMNOPQRSTUVWXYZ Suite/Apt/Bldg: 123456789
City: ABCDEFGHIJKLMNOPQRSTUVWXYZ State: AB Zip code + 4: 123456789
Access (Select one) Public or Private Hours of operation: 1200-2200 Accepted payment methods: 123456789

Claim 2

Equipment Manufacturer: ABCDEFGHIJKLMBC 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): 123456789ABCDEFGHIJKLMBCDEFGHIJKLMNOPQRSTUVWXYZ Suite/Apt/Bldg: 123456789
City: ABCDEFGHIJKLMNOPQRSTUVWXYZ State: AB Zip code + 4: 123456789
Access (Select one) Public or Private Hours of operation: 1200-2200 Accepted payment methods: 123456789

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C. Alternative fuel vehicle (AFV) conversion

Claim 1

AFV Manufacturer ABCDEFGHIJKLABC

AFV model ABCDEFGHIJKLABCDEFGHIJKLABCDEF

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

Conversion site address (no PO Boxes) 123456789ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Suite/Apt/Bldg 123456789

City ABCDEFGHIJKLABCDEFGHIJKLABCDEF

State AB

Zip code + 4 123456789

Claim 2

AFV Manufacturer ABCDEFGHIJKLABC

AFV model ABCDEFGHIJKLABCDEFGHIJKLABCDEF

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

Conversion site address (no PO Boxes) 123456789ABCDEFGHIJKLABCDEFGHIJKLABCDEF

Suite/Apt/Bldg 123456789

City ABCDEFGHIJKLABCDEFGHIJKLABCDEF

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 _____