Government of the District of Columbia		esidential Form	
	Alternative Fuel Vehicle	Conversion and In	rastructure Credits
A. Personal information			
First name  ABCDEFGHIJKLAE  Telephone Number		KLABCDEFGHIJKL	Taxpayer Identification number (TIN) ABCDEF 123456789
123456789	Email Address ABCDEFGHIJK	LABCDEFGHIJKL	ABCDEF
B. Alternative fuel vehic	le (AFV) charging or fuel storage d	spensing station- Private	residence
Equipment Manufacturer ABCDEFGHIJKLAI	Invoice Number	(LABCDEFGHIJKL	
(B1) Equipment Cost	(B2) Labor Cost (B3) Total Co	st (B1 + B2) (B4) Multiply B	3 by 0.50 (B5) Credit amount (not to exceed \$1,000 per station of
123456789	123456789 123456	12 17 11 21 2	
Private residence address	FGHIJKLABCDEFGHIJKL	ABCDEE	Suite/Apt/Bldg 123456789
City		State	Zip code
ABCDEFGHIJKLAF	BCDEFGHIJKLABCDEF	AB	123456789
C. Alternative fuel vehicl	e (AFV) charging or fuel storage di	spensing station- Public	use
Equipment Manufacturer	Invoice Number		
ABCDEFGHIJKLA	BC ABCDEFGHIJI	(LABCDEFGHIJKL	ABCDEF
(C1) Equipment Cost 123456789	(C2) Labor Cost (C3) Total Cost 123456789 123456	1-1,	
Installation address (no PO Boxes)			Suite/Apt/Bldg
123456789ABCDE	FGHIJKLABCDEFGHIJKL	ABCDEF	123456789
ABCDEFGHIJKLAE	BCDEFGHIJKLABCDEF	AB	Zip code 123456789
ABCDEFGHIJKLAE	BCDEFGHIJKLABCDEF		Accepted payment methods 123456789
D. Alternative fuel vehicle	le (AFV) - Conversion		
AFV Manufacturer	AFV Model		
ABCDEFGHIJKLA	BC ABCDEFGHIJM	(LABCDEFGHIJKL	ABCDEF
(D1) Equipment Cost	(D2) Labor Cost (D3) Total Co		
123456789	123456789 123456	789 1234567	789 123456789
Retain your original o	documents. Attach photocop	es of the following d	ocument(s) to this form.
	esult in any credit claim deni	als. The credit claim	ed in any one tax year cannot exceed the
income tax liability.  1 A paid invoice receipt or equiv	valent proof of payment for modifying the exist	ing petroleum derived gasoline o	diesel fuel vehicle
2. A paid invoice, receipt or equiv			el storage and dispensing or charging equipment
3. An electrical permit	rm under penalties of law that to the	a hast of my knowledge	the information that is the subject of this form
is in accordance with all a on this form or other mate	pplicable laws, regulations and perr	nitting requirements and i umbia (DC), Office of Tax	s operational, that there are no false statements and Revenue, and that no false statements have
Print name		Date sig	ned
		3,20,518	
Signature			

66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

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