

**State of Oklahoma - Oklahoma Tax Commission**  
**Alternative Fuels Wholesaler/Retailer/Consumer**  
**Monthly Tax Calculation**



This report is due on the 27th of the following month.

Mail to:  
**Oklahoma Tax Commission**  
**Oklahoma City, OK 73194**

**-Office Use Only-**

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Name:	License Number:
Address:	FEIN <input type="checkbox"/> SSN <input type="checkbox"/> (Check one, enter number below)
City, State, ZIP:	
<input type="checkbox"/> Check if address or name change <input type="checkbox"/> Check if this is an amended Form 70002	Filing Period:

1	CNG (Compressed Natural Gas) Tax Collected (from line 9, Col. A, page 2)	1	
2	Less Credit (Ultimate Vendors or Credit Card Sales) (from line 10, Col A, page 2)	2	
3	Net CNG (Compressed Natural Gas) Tax Due	3	
4	Penalty (10% of Total Tax if not paid within 15 days from the due date)	4	
5	Interest (1.25% of Total Tax per month from the due date)	5	
6	Previous Billings Due or Credits Due (Bad Debts) per attached letter (from line 11, Col A, page 2)	6	
7	<b>Total CNG (Compressed Natural Gas) Tax Due</b>	<b>CNG 7</b>	
8	LNG (Liquefied Natural Gas) Tax Collected (from line 9, Col. B, page 2)	8	
9	Less Credit (Ultimate Vendors or Credit Card Sales) (from line 10, Col, B, page 2)	9	
10	Net LNG (Liquefied Natural Gas) Tax Due	10	
11	Penalty (10% of Total Tax if not paid within 15 days from the due date)	11	
12	Interest (1.25% of Total Tax per month from the due date)	12	
13	Previous Billings Due or Credits Due (Bad Debts) per attached letter (from line 11, Col. B, page 2)	13	
14	<b>Total LNG (Liquefied Natural Gas) Tax Due</b>	<b>LNG 14</b>	

I/We declare under the penalties of perjury that this return including any accompanying schedules and statements has been examined by me/us and to the best of my/our knowledge and belief is a true, correct and complete return made in good faith for the taxable period stated, pursuant to existing laws requiring the filing of this return.

\_\_\_\_\_  
 Official Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Phone Number

## Alternative Fuels Wholesaler/Retailer/Consumer Monthly Tax Calculation



Wholesaler/Retailer/Consumer Name:	<input type="checkbox"/> FEIN	<input type="checkbox"/> SSN	License Number:	Filing Period:
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### Alternative Fuels Tax Calculation

		From Schedule	A) CNG Gallons Equivalent	B) LNG Gallons Equivalent
1	Gallons Equivalent sold tax collected (transfer to line 1 on page 1 of return)	5		
2	Gallons Equivalent sold tax-exempt to U.S. Government	8		
3	Gallons Equivalent sold tax-exempt to Public Schools	9C		
4	Gallons Equivalent sold tax-exempt to Cities, Towns or Counties	9E		
5	Gallons Equivalent sold to other tax-exempt entities	10		
6	Gallons Equivalent sold tax-exempt to Farmers	10A		
7	Gallons Equivalent sold tax-exempt to Native American Tribes	10T		
8	Total Disbursements (total lines 1 through 7)			

### Fuel Tax Computation

		A) CNG	B) LNG
9	Tax Due (line 1 X \$0.05)	\$	\$
10	Less Credits (including refunds given to Ultimate Vendors and credit card sales to exempt entities)	\$	\$
11	Previous Billings Due or Credits (Bad Debts) per attached letter	\$	\$
12	Total Tax Due	\$	\$