CITY OF DECATUR
Multiple Location Reporting
Local Motor Fuel Tax

_____ _____

Business Name IBT # (or FEIN)

Location Name or Address	***Total Gallons*** Sold if retail/purchased if bulk user ***Non-Diesel***	***Total Gallons*** Sold if retail/purchased if bulk user ***Diesel***
*Total		
	Column 1	***Column 2***

***Transfer totals of corresponding gallons to line 1 of the Local Motor Fuel Tax Return form LMFTR1.**

If combining multiple locations on the City of Decatur Local Motor Fuel Tax Return, **you must also include this form.**