

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Please complete this form and return with the form D-20 or D-30 if claiming the credit.

A. Business information

Taxpayer ID _____ Business name _____

Claimant first name _____ M.I. _____ Last name _____ Social Security Number (SSN) _____

Telephone number _____ Email _____

Mailing address _____ Suite/Apt/Bldg _____

City _____ State _____ Zip code + 4 _____

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

CLAIM 1

Equipment manufacturer _____ Invoice number _____

(B1) Equipment cost _____ (B2) Labor cost _____ (B3) Total cost (B1+B2) _____ (B4) Multiply B3 by 0.50 _____ (B5) Credit amount not to exceed \$10,000 per station or B4. (See instructions for limitations)

Installation address (no PO Boxes) _____ Suite/Apt/Bldg _____

City _____ State _____ Zip code +4 _____

Access (Select one) Public or Private _____ Hours of operation _____ Accepted payment methods _____

CLAIM 2

Equipment manufacturer _____ Invoice number _____

(B1) Equipment cost _____ (B2) Labor cost _____ (B3) Total cost (B1+B2) _____ (B4) Multiply B3 by 0.50 _____ (B5) Credit amount not to exceed \$10,000 per station or B4. (See instructions for limitations)

Installation address (no PO Boxes) _____ Suite/Apt/Bldg _____

City _____ State _____ Zip code +4 _____

Access (Select one) Public or Private _____ Hours of operation _____ Accepted payment methods _____

C. Alternative fuel vehicle (AFV) conversion

CLAIM 1

AFV Manufacturer

AFV model

(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. (See instructions for limitations)

Conversion site address (no PO Boxes)

Suite/Apt/Bldg

City

State

Zip code +4

CLAIM 2

AFV Manufacturer

AFV model

(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. (See instructions for limitations)

Conversion site address (no PO Boxes)

Suite/Apt/Bldg

City

State

Zip code +4

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