

Residential Form Alternative Fuel Vehicle Conversion and Infrastructure Credits

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-40 if claiming the credit.

A. Personal information

First name M.I. Last name Taxpayer Identification Number (TIN)

Telephone number Email

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

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 \$1,000 per station or B4)

Private residence address Suite/Apt/Bldg

City State Zip code + 4

C. Alternative fuel vehicle (AFV) charging or fuel storage dispensing station - Public use

Equipment Manufacturer Invoice Number

(C1) Equipment cost (C2) Labor cost (C3) Total cost (C1+C2) (C4) Multiply C3 by 0.50 (C5) Credit amount (not to exceed \$10,000 per station or C4)

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

City State Zip code +4

Access Hours of operation Accepted payment methods

D. Alternative fuel vehicle (AFV) - Conversion

AFV Manufacturer AFV Model

(D1) Equipment cost (D2) Labor cost (D3) Total cost (D1+D2) (D4) Multiply D3 by 0.50 (D5) Credit amount (not to exceed \$19,000 per vehicle or D4)

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 modifying the existing petroleum derived gasoline or diesel fuel vehicle
- 2. A paid invoice, receipt or equivalent proof of payment for purchases and installation of qualified alternative fuel storage and dispensing or charging equipment
- 3. An electrical permit

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 _____