

Commercial Form  
Alternative Fuel Vehicle Conversion and Infrastructure Credits

**A. Business information**

Taxpayer ID: 123456789 Business name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Claimant first name: ABCDEFGHIJKLMBC M.I.: A Last name: ABCDEFGHIJKLMNOPQRSTUVWXYZ Taxpayer Identification Number (TIN): 123456789

Telephone Number: 123456789 Email Address: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mailing address: 123456789ABCDEFGHIJKLMBCDEFGHIJKLMNOPQRSTUVWXYZ Suite/Apt/Bldg: 123456789

City: ABCDEFGHIJKLMNOPQRSTUVWXYZ State: AB Zip code + 4: 123456789

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

**Claim 1**

Equipment Manufacturer: ABCDEFGHIJKLMBC Invoice Number: ABCDEFGHIJKLMNOPQRSTUVWXYZ

(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
123456789	123456789	123456789	123456789	123456789

Installation address (no PO Boxes): 123456789ABCDEFGHIJKLMBCDEFGHIJKLMNOPQRSTUVWXYZ Suite/Apt/Bldg: 123456789

City: ABCDEFGHIJKLMNOPQRSTUVWXYZ State: AB Zip code + 4: 123456789

Access (Select one)  Public or  Private Hours of operation: 1200-2200 Accepted payment methods: 123456789

**Claim 2**

Equipment Manufacturer: ABCDEFGHIJKLMBC Invoice Number: ABCDEFGHIJKLMNOPQRSTUVWXYZ

(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
123456789	123456789	123456789	123456789	123456789

Installation address (no PO Boxes): 123456789ABCDEFGHIJKLMBCDEFGHIJKLMNOPQRSTUVWXYZ Suite/Apt/Bldg: 123456789

City: ABCDEFGHIJKLMNOPQRSTUVWXYZ State: AB Zip code + 4: 123456789

Access (Select one)  Public or  Private Hours of operation: 1200-2200 Accepted payment methods: 123456789

C. Alternative fuel vehicle (AFV) conversion

Claim 1

AFV Manufacturer  
ABCDEFGHIJKLMABC

AFV model  
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

(C1) Equipment Cost  
123456789

(C2) Labor Cost  
123456789

(C3) Total Cost (C1 + C2)  
123456789

(C4) Multiply C3 by 0.50  
123456789

(C5) Credit amount not to exceed \$19,000 per vehicle or C4  
123456789

Conversion site address (no PO Boxes)  
123456789ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

Suite/Apt/Bldg  
123456789

City  
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

State  
AB

Zip code + 4  
123456789

Claim 2

AFV Manufacturer  
ABCDEFGHIJKLMABC

AFV model  
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

(C1) Equipment Cost  
123456789

(C2) Labor Cost  
123456789

(C3) Total Cost (C1 + C2)  
123456789

(C4) Multiply C3 by 0.50  
123456789

(C5) Credit amount not to exceed \$19,000 per vehicle or C4  
123456789

Conversion site address (no PO Boxes)  
123456789ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

Suite/Apt/Bldg  
123456789

City  
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJKLM

State  
AB

Zip code + 4  
123456789

**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 \_\_\_\_\_