



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
ROAD TOLL BUREAU  
33 HAZEN DRIVE, CONCORD NH 03305  
TELEPHONE: (603)271-2311**

**FOR OFFICIAL USE ONLY**

Postmark Date: \_\_\_\_\_  
 Audited By: \_\_\_\_\_  
 Audit Date: \_\_\_\_\_  
 Verified By: \_\_\_\_\_  
 Verified Date: \_\_\_\_\_

**ALTERNATIVE FUELS DEALER REPORT**

**NAME:** \_\_\_\_\_  
**ADDRESS 1:** \_\_\_\_\_  
**ADDRESS 2:** \_\_\_\_\_  
**CITY/TOWN:** \_\_\_\_\_  
**STATE/REGION:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_  
**COUNTRY:** \_\_\_\_\_

**MONTH OF:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_  
REPORT MUST BE POSTMARKED NO LATER THAN THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE REPORTING PERIOD  
**TELEPHONE NUMBER:** \_\_\_\_\_  
**LICENSE NUMBER:** \_\_\_\_\_  
**FEIN:** \_\_\_\_\_

<b>DISBURSEMENTS</b>	<b>COMPRESSED NATURAL GAS</b>	<b>LIQUEFIED NATURAL GAS</b>	<b>PROPANE</b>
1. Gallons sold – taxable (Schedule 5)			
2. Gallons sold to US government tax exempt (Schedule 8)			
3. Gallons sold to state & local government tax exempt (Schedule 9)			

<b>TAX COMPUTATION</b>	<b>COMPRESSED NATURAL GAS</b>	<b>LIQUEFIED NATURAL GAS</b>	<b>PROPANE</b>
4. Total Galons sold tax exempt (Line 2 + Line 3)			
5. Taxable Gallons (from Line 1)			
6. Tax Rate Per Gallon	<b>\$0.222</b>	<b>\$0.222</b>	<b>\$0.222</b>
7. Tax Due By Product (Line 5 times Line 6)			

<b>TOTAL TAX DUE</b>	
8. Total Tax Due (Total all columns in Line 7)	
9. Penalty (See Instructions)	
10. Interest (See Instructions)	
<b>11. TOTAL AMOUNT DUE</b> (add Lines 8, 9 and 10)	

**Name:** \_\_\_\_\_  
 (Please Print)

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*"THIS APPLICATION IS SIGNED UNDER PENALTY OF UNSWORN FALSIFICATION PURSUANT TO RSA 641:2"*

**MAKE CHECKS PAYABLE TO: STATE OF N.H.-ROAD TOLL BUREAU**

**STATE OF NEW HAMPSHIRE ALTERNATIVE FUELS DEALER REPORT INSTRUCTIONS**

This form is to be used to report alternative fuel transactions. **COMPLETE A SEPARATE SCHEDULE FOR EACH PRODUCT CATEGORY & REPORT WHOLE GALLONS ONLY!** If there were no transactions for the reporting month, write 'none' on lines 5 and 7. The following items must be completed on the first page of the return: the dealer name, mailing address, month and year for which the report is filed, telephone number, the NH license number, dealer FEIN, signature, and title of authorized person and the date signed.

**RSA 259:3-d Alternative Fuel** "Alternative fuel" shall mean any source of energy, other than motor fuel and electricity, used to propel a motor vehicle over the ways of the state. Alternative fuel shall include, but not be limited to, compressed natural gas, liquefied natural gas, and propane."

**ALL PRODUCT SHALL BE REPORTED IN MOTOR FUEL EQUIVALENT GALLONS AS DEFINED BY RSA 259:58b**

Fuel Type	Motor Fuel Equivalent Gallons:		
Compressed Natural Gas (CNG)	5.66 lb.	or	126.67 cu. ft.
Liquid Natural Gas (LNG)	6.06 lb.	or	1.68 gallons
Propane (LPG)			1.35 gallons

**DISBURSEMENTS**

- LINE 1 Enter the total by product category of gallons sold taxable as reported in Schedule 5.
- LINE 2 Enter the total by product category of tax exempt gallons sold to US Government agencies as reported in Schedule 8.
- LINE 3 Enter the total by product category of tax exempt gallons sold to State and Local Government agencies as reported in Schedule 9.

**TAX COMPUTATION**

- LINE 4 Calculate the total gallons sold tax exempt by adding lines 2 and 3 for each product category.
- LINE 5 Enter taxable gallons by product category as reported on Line 1.
- LINE 6 This is the current tax rate per gallon by product category.
- LINE 7 Calculate the tax due by product by multiplying the gallons shown on Line 5 by the tax rate on Line 6.

**TOTAL TAX DUE**

- LINE 8 Calculate the total tax due by summing values from all columns in Line 7.
- LINE 9 Failure to file by the required date or to enclose fees due shall result in the assessment of a 10 percent penalty to be added to the amount of fees due for that month. The 10 percent penalty is calculated from the total dollars due in Line 8. If no fees are due, a penalty of \$1 per day shall be assessed.
- LINE 10 Interest is charged based upon the sum of total dollars due (Line 8) and penalty assessed (Line 9).
- LINE 11 Add lines 8, 9 and 10 to compute the total dollars due or (refund) including any penalty or interest.



STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF SAFETY  
 ROAD TOLL BUREAU  
**ALTERNATIVE FUELS DEALER REPORT**  
**SCHEDULE OF DISBURSEMENTS**

Company Name: _____	License Number: _____	FEIN: _____	Schedule Type: _____	Product Type: _____	Month: _____	Year: _____
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(1) Mode	(2) Point of Origin	(3) Purchaser	(4) Purchaser FEIN	(5) Date Sold	(6) Document Number	(7) Gross Gallons	(8) Net Gallons
Page Total							

**ALTERNATIVE FUELS DEALER REPORT  
Schedule of Disbursements**

**General Instructions**

This form is required by RSA 260:38, I and is designated as forms AFD 5, 8 & 9. This form is to be completed by an authorized representative. This schedule provides detail in support of the amount shown as disbursements on the Alternative Fuels Dealer Report. Each disbursement of product should be listed on separate lines.

Identifying Information

**Company Name, License Number and FEIN:** Enter the name and numbers for the dealer shown on the Alternative Fuels Dealer report

**Schedule type:** A separate page is required for each schedule type. Enter one of the following schedule codes:

5 Gallons sold – taxable
8 Gallons sold to US Government agencies tax exempt
9 Gallons sold to State and Local Government agencies tax exempt

**Product type:** A separate page is required for each product type. Enter one of the following product codes (applicable product category is shown):

<b>Compressed Natural Gas</b>	224	Compressed Natural Gas
<b>Liquid Natural Gas</b>	225	Liquid Natural Gas
<b>Propane</b>	054	Propane

**Column Instructions**

Column (1)	<b>Mode of Transport</b> -Enter the mode of transport. Use one of the following: <b>GS</b> = Gas Station   <b>ST</b> = Stationary Transfer	
Column (2)	<b>Point of Origin</b> - Enter the location the product was sold from (City, State).	
Column (3) & (4)	<b>Purchaser</b> -Enter the name and FEIN of the company that purchases the product. The term "various" or other generic terms is not acceptable.	
Column (5)	<b>Date Sold</b> - Enter the date the product was sold.	
Column (6)	<b>Document Number</b> - Enter the identifying transaction number from the product sold.	
Column (7)	<b>Gallons</b> - Enter the gross gallons sold (motor fuel equivalent gallons).	
Column (8)	<b>Gallons</b> - Enter the net gallons sold (motor fuel equivalent gallons).	

Provide a Page Total for Columns 7 and 8 on each page. Provide a Product Total for each schedule type and product type on the last page of each product type for that schedule. Carry the total of product totals for **gross** gallons for each product category forward to the appropriate disbursements line on the Alternative Fuels Dealer Report.

**RSA 260:38, I** Provides that "For the purpose of determining the amount of road toll imposed and to be collected under this subdivision, each distributor shall on or before the twentieth day of each calendar month render a return to the department on forms prescribed and furnished by the commissioner. The return shall show the total number of gallons sold and used in the state during the previous calendar month together with such other information as the commissioner may require for the reasonable administration of this subdivision. Each distributor shall accompany the return with a check payable to the state treasurer for the total amount of road toll shown by such return to be due."

Tabulated computer listings containing all of the required schedule data may be used, but must be attached to the proper schedule.