PRINT CLEAR

STATE OF GEORGIA
Department of Revenue
Alternative Fuel Heavy-Duty Vehicle Tax Credit and Alternative Fuel Medium-Duty Vehicle Tax Credit

IT-AFV (6/15)

Tax Year End _____

A. Business or Individual Information

Name and address of Taxpayer (Legal Name)

_____

_____

_____

FEI Number _____

Social Security Number (if individual)

_____

Contact Person, Title

_____

Telephone Number of Contact Person

_____

B. Total Alternative Fuel Heavy-Duty Vehicle Tax Credit or Alternative Fuel Medium-Duty Vehicle Tax Credit Allowed

1) Preapproved Alternative Fuel Heavy-Duty Vehicle Tax Credit or Alternative Fuel Medium-Duty Vehicle Tax Credit for the Current Tax Year $_____

2) Georgia Income Tax Liability for Current Year $_____

3) Current Year Credit Amount, Enter the Lesser of Line 1 or Line 2 $_____

No unused alternative fuel heavy-duty vehicle tax credit or alternative fuel medium-duty vehicle tax credit may be carried forward.

This form and an approved Form IT-AFV-AP must be attached to your income tax return to claim the alternative fuel heavy-duty vehicle or alternative fuel medium-duty vehicle tax credit.