

CITY OF NORTHPORT
 (205) 339-7000 Fax (205) 333-3005

TOBACCO TAX REPORT

REPORTING PERIOD

MAIL THIS RETURN WITH REMITTANCE TO:
 CITY OF NORTHPORT
 P O BOX 569
 NORTHPORT, AL 35476

Total Amount Enclosed

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() Check here if this is a final return. () Check here for additional forms. **Out of Business**
 Date _____

	(A)		(B)	(C)	(D)
Type of Tax/Tax Area	Number Items Sold		Total Sold	Tax Rate	Gross Tax Due <small>(Column B x Column C)</small>
Cigarettes					
City (\$.10/pkg)				\$0.10	
PJ(\$.05/pkg)				\$0.05	
Cigars					
City (\$.02/each)				\$0.02	
PJ(\$.01/each)				\$0.01	
Smokeless Tobacco					
City (\$.10/pkg)				\$0.10	
PJ(\$.05/pkg)				\$0.05	

This return must be postmarked by the **20th** day of the month following the reporting period for which you are filing to be considered a timely return.

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

Date _____ Title _____
 Signature _____

(1) Total Tax Due (Total of Column D)	
(2) Penalty (failure to file 10% or \$50; failure to pay 10%)	
(3) Interest (Line 1 x 1% per month delinquent)	
(4)	
(5) Net Tax Due (1+2+3)	
Total Amount Due & Enclosed	