

City of Tuscaloosa

TOBACCO TAX REPORT

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE DEPT.
 P. O. BOX 2089
 TUSCALOOSA, AL 35403
 PHONE: (205) 248-5200 FAX: (205) 349-0180

INDICATE ANY CHANGE BELOW:

- () Additional forms needed
- () Out of Business Date _____
- () Location Change _____
- () Mailing Address Change _____

Reporting Period _____

	(A)	(B)	(C)
Type of Tax/Tax Area	Total Quantity Sold	Tax Rate	Gross Tax Due (Column A x Column B)
CIGARETTES			
City (\$.10/per package)		\$0.10	
Police Jurisdiction (\$.05/pkg.)		\$0.05	
CIGARS - sold individually			
City (\$.03/each)		\$0.03	
Police Jurisdiction (\$.015/each)		\$0.015	
ALL OTHER TOBACCO PRODUCTS			
City (\$.10/per package)		\$0.10	
Police Jurisdiction (\$.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. Failure to file a timely return will result in the assessment of a 10% penalty and interest of 1% per month.

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.

Printed Name _____ Phone _____

Signature _____ Date _____

(1) Total Tax Due (Total of Column C)	
(2) Penalty (Line 1 x 10%)	
(3) Interest (Line 1 x 1% each month delinquent)	
(4) Net Tax Due (Line 1, if delinquent 1 + 2 + 3)	
(5) Credit (Attach Documentation)	
(6) Total Amount Due & Enclosed (Line 4 - 5)	

City of Tuscaloosa Tobacco Ordinance 6085, adopted August 31, 2000, and Ordinance 6199, adopted June 19, 2001 as amended.

TOBACCO