

City of Tuscaloosa

WINE TAX REPORT

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE
 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 Jurisdiction	Total Liters Sold	Tax Rate	Gross Tax Due (Column A x Column B)
WINE TAX			
City		\$0.07	
Police Jurisdiction		\$0.035	

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 do so will result in an assessment of 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 (1% per month)	
(4) Net Tax Due	
(5) Credit (Attach Documentation)	
(6) Total Amount Due & Enclosed	