

**MUNICIPALITY/COUNTY OF _____, ALABAMA
_____ TAX REPORT**

ACCOUNT NO. _____

MAIL THIS RETURN WITH REMITTANCE TO:

REPORTING PERIOD _____

(This return only for the business shown below)

TOTAL AMOUNT ENCLOSED

\$ _____

Check here if this is a final tax return.

Type of Tax/Tax Area	Gross Taxable Amount <small>(A)</small>	Total Deductions <small>(B)</small>	Net Taxable <small>(C)</small> <small>(Column A - Column B)</small>	Tax Rate <small>(D)</small>	Gross Tax Due <small>(E)</small> <small>(Column C x Column D)</small>

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 <small>(Total of Column E)</small>	
(2) PENALTY <small>(Item 1 x %)</small>	
(3) INTEREST <small>(Item 1 x % per month delinquent)</small>	
(4) DISCOUNT <small>(If submitted prior to filing deadline)</small>	
(5) NET TAX DUE <small>(Item 1 - Item 4; if delinquent, Items 1+2+3)</small>	
TOTAL AMOUNT DUE & ENCLOSED	

STANDARD DEDUCTION SUMMARY TABLE

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

TYPE OF TAX	WHOLESALE SALES	AUTO TRADE-INS	LABOR/NON-TAXABLE SERV	SALES DELIV. OUTSIDE JURIS	SALES TO GOV'T OR ITS AGENCIES	SALES OF GAS OR LUBE OILS	OTHER ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
TOTAL DEDUCTIONS								

INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.
- **No duplicate or replicated forms acceptable except with prior approval of the taxing jurisdiction.**

Indicate Any Account Changes Below

Business Name: _____

Physical Address: _____

Phone _____

Mailing Address: _____

FAX _____

City _____

Contact Person _____