

City of Tuscaloosa

SALES 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:

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

Reporting Period _____

	(A)	(B)	(C)	(D)	(E)
Type of Tax/Tax Area	Gross Taxable Amount	Total Deductions	Net Taxable (Column A - Column B)	Tax Rate	Gross Tax Due (Column C x Column D)
General Merchandise Rate					
City				.02	
Police Jurisdiction				.01	
Vending Machine Rate					
City				.015	
Police Jurisdiction				.0075	
Automotive Machine Rate					
City				.0075	
Police Jurisdiction				.00375	

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 timely file will result in loss of discount. Penalty for failure to file is 10% or \$50.00 - whichever is greater. Failure to pay is 10%. Interest is 1% each month delinquent.

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 E)	
(2) Penalty (Failure to file 10% or \$50; Failure to pay 10%)	
(3) Interest (Line 1 x 1% each month delinquent)	
(4) Discount (5% on \$100 or less, 2% over \$100 up to a maximum of \$200)	
(5) Net Tax Due (Line 1 - 4, if delinquent 1 + 2 + 3)	
(6) Credit (Attach Documentation)	
(7) Total Amount Due & Enclosed (Line 5 - 6)	

Licensing Statute: *City of Tuscaloosa Code §7-40 - §7-52.*

Use Automotive Machine Rate for reporting sales on new and used automobile vehicles, truck-trailers, semi-trailers, and house trailers; total sales of all machines, machinery and equipment used in planting, cultivating and harvesting farm products; and all sales of machines and replacement parts for machines used in manufacturing, processing, compounding, mining, and quarrying tangible personal property.

Use Vending Machine Rate for reporting the sale price of all food products for human consumption, not including beverages other than coffee, milk, and milk products, that will be sold through coin-operated dispensing machines.

Use General Merchandise Rate for reporting all other sales of tangible personal property and gross receipts from places of amusement.

Instructions:

General Rate:

City Rate = Net Taxable Amount multiplied by 0.02 (2%)
 Police Jurisdiction Rate = Net Taxable Amount multiplied by 0.01 (1%)

Machine Rate:

City Rate = Net Taxable Amount multiplied by 0.015 (1.5%)
 Police Jurisdiction Rate = Net Taxable Amount multiplied by 0.0075 (3/4%)

Automotive Rate:

City Rate = Net Taxable Amount multiplied by 0.0075 (3/4%)
 Police Jurisdiction Rate = Net Taxable Amount multiplied by 0.00375(3/8%)

- *Discount is limited to the actual calculated discount up to a maximum discount allowed of \$200.00 per filing period.*

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 GOVT 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 taxing 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: _____ Date of Change: _____
 Location Address: _____ Telephone: _____
 Mailing Address: _____ Fax: _____
 _____ Contact Person: _____

FINAL REPORT

GIVE DATE BUSINESS CLOSED _____
 SUCCESSOR'S NAME _____
 ADDRESS _____