

# City of Tuscaloosa

## TOBACCO TAX REPORT

ACCOUNT ID: \_\_\_\_\_

FEIN \_\_\_\_\_  
 BUSINESS NAME \_\_\_\_\_  
 DBA \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 EMAIL \_\_\_\_\_

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE DIVISION  
 P.O. BOX 2089  
 TUSCALOOSA, AL 35403  
 PHONE: (205)248-5200 FAX: (205) 248-5793  
 EMAIL: revenueoffice@tuscaloosa.com

INDICATE ANY CHANGE BELOW:

- Additional Forms Needed  
 Change of Location \_\_\_\_\_  
 Mailing Address Change \_\_\_\_\_  
 Out of Business Date \_\_\_\_\_

Reporting Period \_\_\_\_\_

	(A)	(B)	(C)
Type of Tax/Tax Area	Total Quantity Sold	Tax Rate	Gross Tax Due (Column A x Column B)
<b>CIGARETTES</b>			
City (\$.10/per package)		0.10	
Police Jurisdiction (\$.05/pkg.)		0.05	
<b>CIGARS – sold individually</b>			
City (\$.03/each)		0.03	
Police Jurisdiction (\$.015/each)		0.015	
<b>ALL OTHER TOBACCO PRODUCTS</b>			
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 do so will result in an assessment of 10% penalty and interest using current APR rate. Please call our office for current rate or visit this website:  
<https://revenue.alabama.gov/assessments/quarterly-interest-rates>.

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 \_\_\_\_\_

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