

# CITY OF TUSCALOOSA

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## SALES TAX REPORT

REPORTING PERIOD: Oct 26, 2019  
Arkansas

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE DEPT.  
P O BOX 2089  
TUSCALOOSA, AL 35403

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

INDICATE ANY CHANGE BELOW

- ( ) Out of business (see back)
- ( ) Change of location (see back)
- ( ) Change of mailing address (see back)
- ( ) Additional forms needed

	(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)
<b>General Merchandise Rate</b>					
City				.02	
Police Jurisdiction				.01	
<p>This return must be postmarked by the 20<sup>th</sup> 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. Failure to file is 10% or \$50.00 –whichever is greater. Failure to pay is 10%. Interest is based on the current APR each month delinquent.</p> <p>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.</p>				(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 current APR each month delinquent	
				(4) Discount 5% on \$100.00 or less, 2% over \$100.00 up to a maximum of \$200.00	
				(5) Net Tax Due Line 1 – 4, if delinquent 1+2+3	
				(6) Credit Attach Documentation	
			Total Amount Due & Enclosed Line 5 – 6		

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_