City of Tuscaloosa

WINE TAX REPORT

ACCOUNT ID:

Reporting Period_____

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE
P. O. BOX 2089
TUSCALOOSA, AL 35403
PHONE: (205) 248-5200 FAX: (205) 248-5793

INDICATE ANY CHANGE BELOW:

( ) Additional forms needed
( ) Out of Business Date _____
( ) Location Change _____

( ) Mailing Address Change _____
_____

_ ____ _____

	(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: Current APR. For current rate, please call our office or visit: 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._____

(1) Total Tax Due (Total of Column C)	
(2) **Penalty** (Line I x 10%)	
(3) **Interest**	
(4) **Net Tax Due**	
(5) Credit (Attach Documentation)	
(6) Total Amount Due & Enclosed	