CITY OF TUSCALOOSA
SALES TAX REPORT

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
EMAIL: revenueoffice@tuscaloosa.com

INDICATE ANY CHANGE BELOW

( ) Out of business (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				.03	
Police Jurisdiction				.015	
Vending Machine Rate					
City				.0225	
Police Jurisdiction				.01125	
Automotive/Machine Rate					
City				.01125	
Police Jurisdiction				.005625	

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. Failure to file is 10% or $50.00 –whichever is greater. Failure to pay is 10%. Interest is current APR. Please call our office for current rate, or visit this website: 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.

(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** _____

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 0.03 (3%)
Police Jurisdiction Rate: 0.015 (1.5%)
(1.125%)

Machine Rate:
City Rate = Net Taxable Amount multiplied by 0.0225 (2.25%)
Police Jurisdiction = Net Taxable Amount multiplied by 0.01125

Automotive Rate:
City Rate = Net Taxable Amount multiplied by 0.01125 (1.125 %)
Police Jurisdiction Rate = Net Taxable Amount multiplied by 0.005625 (.5625%)

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: _____ **Email:** _____
_____ **Contact Name:** _____

FINAL REPORT

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