

**CITY OF ALEXANDER CITY REVENUE DEPARTMENT  
P.O. BOX 552  
ALEXANDER CITY, AL 35011  
(256) 329-6720**

**Tobacco Tax Return**

Return for the month of \_\_\_\_\_

Filed By: \_\_\_\_\_  
(Name of Business)

\_\_\_\_\_  
(Address)

**INSIDE CITY LIMITS**

1. CIGARETTES... \_\_\_\_\_ PACKS of 20 or fraction @ \$.04 per pack \$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES)
2. ALL OTHER PRODUCTS...\$ \_\_\_\_\_ SELLING PRICE X 5% \$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES)
- 3. TOTAL INSIDE CITY LIMITS (Line 1 plus Line 2) \$ \_\_\_\_\_**

**INSIDE POLICE JURISDICTION**

4. CIGARETTES... \_\_\_\_\_ PACKS of 20 or fraction @ \$.02 per pack \$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES)
5. ALL OTHER PRODUCTS...\$ \_\_\_\_\_ SELLING PRICE X 2 ½% \$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES)
- 6. TOTAL POLICE JURISDICTION (Line 4 plus Line 5) \$ \_\_\_\_\_**

7. **TOTAL DUE** (Line 3 plus Line 6) \$ \_\_\_\_\_

8. Late filing penalty (if filing after 20<sup>th</sup> of month- 10% plus 1% per month) \$ \_\_\_\_\_

**9. TOTAL AMOUNT DUE** (Line 7 plus Line 8) \$ \_\_\_\_\_

This return has been examined by me and is, to the best of my knowledge and belief, a true and complete return, made in good faith, for the time period stated.

This the \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**INSTRUCTIONS: Make check payable to City Clerk and remit payment to above address.**