



281 James D Nabors Dr • Alexander City • Alabama 35010 • (256) 329-6700

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### Tax Account Application

Business Name: \_\_\_\_\_

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Business Location / 911 Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

FEIN: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Tax Account Needed: \_\_\_\_\_

By signing below, I understand that only the above taxes will be collected. Should any changes in tax collection occur, I will notify the Revenue Department prior to implementation of such changes. I declare under penalty of law that I am a citizen of the United States of America or that I am legally in this country.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please return the completed form to the address above and attention to the **Revenue Department**. If you need assistance completing this form, please call **(256) 329-6720** or email **revenue@alexandercityal.gov**.