

**CITY OF ALEXANDER CITY REVENUE DEPARTMENT
281 JAMES D NABORS DRIVE
ALEXANDER CITY, AL 35010
(256) 329-6720**

Tobacco Tax Return

Return for the month of _____

Filed By: _____
(Name of Business & Taxpayer ID)

(Address)

INSIDE CITY LIMITS

1. CIGARETTES... _____ PACKS or fraction @\$.04 per pack \$ _____
(PLEASE ATTACH COPIES OF INVOICES)
2. ALL OTHER PRODUCTS...\$ _____ WHOLESALE 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 or fraction @\$.02 per pack \$ _____
(PLEASE ATTACH COPIES OF INVOICES)
5. ALL OTHER PRODUCTS...\$ _____ WHOLESALE SELLING PRICE X 2½% \$ _____
(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 20th of month- 10%) \$ _____
9. Interest (if filing after 20th of month)
View current interest rate at:
<https://revenue.alabama.gov/assessments/quarterly-interest-rates/> \$ _____
- 10. TOTAL AMOUNT DUE (Line 7 plus Line 8 plus Line 9) \$ _____**

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 of Alexander City and remit payment to above address.
