



Account # _____

Reporting Period _____

Business Name _____

Total Amount Remitted _____

MAIL THIS RETURN WITH REMITTANCE TO:

City Clerk - Revenue Dept
1040 Park Drive
Leeds, AL 35094

(205)-699-2585
(205)-699-6558 Fax

Type of Tax	[A] Gross Taxable Amount	[B] Total Deductions	[C] Net Taxable [A-B]	Tax Rate	Gross Tax Due [E] [Net Taxable x Rate]
Sales:					
General				4%	
Manufacturing Machinery				1%	
Automobile				1%	
Farm Machinery				1%	
Vending				4%	
Seller's Use:					
General				4%	
Manufacturing Machinery				1%	
Automobile				1%	
Farm Machinery				1%	
Consumer Use:					
General				4%	
Manufacturing Machinery				1%	
Automobile				1%	
Farm Machinery				1%	
Rental/Lease:					
General				3%	
Automobile				4%	
Linens				3%	
All Other				3%	
Lodging Tax:				6%	

This return must be received or postmarked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return.

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 (Total of Col [E])	
(2) Penalty - 10%	
(3) Interest - 1% per month	
(5) NET TAX DUE	
(6) Less Credits - MUST attach documentation	
(7) TOTAL AMOUNT DUE	

Signature _____ Date _____
Print Name _____ Title _____

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 Service	Sales Delivery Outside Juris.	Sales to Gov't or its Agencies	Sales of Gas or Lube Oils	Other Allowable Deductions*	Total Deduction
Total Deduction								

Other Allowable Deductions (Explanation): _____

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 tax 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 replicate forms acceptable except with prior approval of the taxing jurisdiction.**

Indicate any Account Changes Below

Business Name : _____	Contact Person : _____
Physical Address : _____	Phone : _____
Mailing Address : _____	Fax : _____
City, State, Zip : _____	Email : _____