

**MUNICIPALITY/CITY OF PRATTVILLE, ALABAMA
TOBACCO/CIGARETTE TAX REPORT**

REPORTING PERIOD _____

(This return only for the business shown below)

MAIL THIS RETURN WITH REMITTANCE TO:
CITY OF PRATTVILLE
P.O. BOX 680190
PRATTVILLE, ALABAMA 36068
(334) 361-3612

TOTAL AMOUNT ENCLOSED

Check here if this is a final tax return.

| Type of Tax/Tax Area | (A) Gross Taxable Amount | (B) Total Deductions | (C) Net Taxable (Column A - Column B) | (D) Tax Rate | (E) Gross Tax Due (Column C x Column D) |
|------------------------------|-----------------------------|-------------------------|---|-----------------|---|
| CIGARETTES | | | | | |
| | | | | | |
| | | | | | |
| PACK OF 20 EACH | | | | | |
| PACK OF 25 EACH | | | | .05 | |
| PACK OF 30 EACH | | | | .0625 | |
| ANY VARIATION OF - | | | | .075 | |
| PACKAGE SIZE - EA. CIGARETTE | | | | | |
| | | | | .025 | |
| | | | | | |
| CHEROOTS STOGIES | | | | | |
| PACKS OF FIVE EACH | | | | | |
| CIGARS ETC. EACH | | | | .05 | |
| SMOKING TOBACCO | | | | .01 | |
| PER OUNCE | | | | | |
| CHEWING TOBACCO | | | | .03 | |
| PER OUNCE | | | | | |
| | | | | .0075 | |
| | | | | | |
| SNUFF PER OUNCE | | | | | |
| | | | | .0075 | |
| | | | | | |
| | | | | | |

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.

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.

Date: _____ Title: _____

Signature: _____

| | |
|---|---|
| (1) TOTAL TAX DUE <small>(Total of Column E)</small> | |
| (2) PENALTY <small>(Item 1 x 10%)</small> | |
| (3) INTEREST <small>(Item 1 x 1% per month delinquent)</small> | |
| (4) DISCOUNT <small>(If submitted prior to filing deadline)</small> NO DISCOUNT ON TOBACCO | 0 |
| (5) NET TAX DUE <small>(Item 1 - Item 4, if delinquent items 1+2+3)</small> | |
| TOTAL AMOUNT DUE & ENCLOSED | |

City of Prattville

TOBACCO TAX

CIGARETTES: ALL CIGARETTES MADE OF TOBACCO OR SUBSTITUTE THEREFORE

CIGARS: ALL CIGARS MADE OF TOBACCO OR SUBSTITUTE THEREFORE

ALL OTHER FORMS OF TOBACCO:

ALL OTHER KINDS AND FORMS OF TOBACCO PREPARED IN SUCH A MANNER
AS TO BE SUITABLE FOR SMOKING, CHEWING, DIPPING AND / OR SNIFFING.

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 GOV. OR ITS AGENCIES | SALES OF GAS OR LUBE OILS | OTHER ALLOWABLE DEDUCTIONS | TOTAL DEDUCTIONS |
|------------------|-----------------|----------------|-------------------------|----------------------------|-------------------------------|---------------------------|----------------------------|------------------|
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| 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 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 replicated forms acceptable except with approval of the taxing jurisdiction.

Indicate Any Account Changes Below .

Business Name: _____

Physical Address: _____ Phone _____

Mailing Address: _____ FAX _____

City _____ Contact Person _____