

MUNICIPALITY OF ROBERTSDALE, ALABAMA CIGARETTE & TOBACCO PRODUCTS TAX

ACCOUNT NUMBER _____

MAIL THIS RETURN WITH REMITTANCE TO:

REPORTING PERIOD _____

(This return only for the business shown below).

Total Amount Enclosed
\$ _____

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, Business Address, or Number of Outlets?
 ___ Yes ___ No Is this a final return? ___ Yes ___ No If yes, attach explanation. _____

DIRECTIONS: Use Column A for reporting sales made in the City Limits and Column B for reporting sales made in the Police Jurisdiction.

	Column A City Limits	Column B Police Jurisdiction
1. Total number of twenty (20) cigarette packages and / or fraction thereof sold		
2. Gross wholesale sales price of tobacco products other than cigarettes sold		
3. AMOUNT OF TAX		
(A) MULTIPLY amount of Line 1, Column A by ten cents (\$.10) MULTIPLY amount of Line 2, Column A by ten percent (10%)		
(B) MULTIPLY amount of Line 1, Column B by 5 cents (\$.05) MULTIPLY amount of Line 2, Column B by five percent (5%)		
4. AMOUNT OF TAX DUE (Total of Column A, Item 3 and Column B, Item 3)		

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: _____

TOTAL TAX DUE (Item 4 Column A + B)
