

City of Northport, Alabama

Mail this return with remittance to:
 P.O. Box 569
 Northport, AL 35476

Phone (205)339-7000
 Fax (205)333-3016

TOBACCO TAX REPORT

Reporting Period: _____

Total Amount Enclosed

City of Northport Taxpayer ID #

\$ _____

Name:
Address:
City/State:
/zip:

Check her if this is a final return Effective Date _____

Check here for additional forms.

	(A)	(B)	(C)	(D)
Type of Tax/Tax Area	Number Items Sold	Total Sold	Tax Rate	Gross Tax Due (column B x column C)
Cigarettes				
City (\$.10/pkg)			\$0.10	
PJ (\$.05/pkg)			\$0.05	
Cigars				
City (\$.02/each)			\$0.02	
PJ (\$.01/each)			\$0.01	
Smokeless Tobacco				
City (\$.10/pkg)			\$0.10	
PJ (\$.05/pkg)			\$0.05	
This Return must be post marked by the 20th day of the month following the reporting period for which you filing to be considered a timely return.		(1) Total Tax Due (Total of column D) _____		
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.		(2) Penalty (failure to file greater of 10% or \$50; failure to pay 10% (3) Interest (Line 1 x 1% per month delinquent) _____		
		(5) Net Tax Due (1+2+3) _____		
Date _____ Title _____				
Signature _____		Total Amount Due & Enclosed _____		