



CITY OF NORTHPORT
 (205) 339-7000 Fax (205) 333-3016

TOBACCO TAX REPORT

REPORTING PERIOD _____

Taxpayer ID: _____

MAIL THIS RETURN WITH REMITTANCE TO:
 CITY OF NORTHPORT
 P.O. BOX 569
 NORTHPORT, AL 35476
 REVENUE@CITYOFNORTHPORT.ORG

TOTAL AMOUNT ENCLOSED

\$ _____

Check here if this is a final return

Check here for additional forms

Out of Business Date: _____

	(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			\$0.10/pkg	
Police Jurisdiction			\$0.05/pkg	
Cigars				
City			\$0.02/each	
Police Jurisdiction			\$0.01/each	
Pack of Cigars				
City			\$0.02 times # in each pack	
Police Jurisdiction			\$0.01 times # in each pack	
Smokeless Tobacco				
City			\$0.10/pkg	
Police Jurisdiction			\$0.05/pkg	
Smoking Tobacco				
City			\$0.10/pkg	
Police Jurisdiction			\$0.05/pkg	

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.

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 (Total of column D)	
(2) Penalty (failure to file greater of 10% or \$50 AND failure to pay 10%)	
(3) Interest (Line 1 x 1% per month delinquent)	
(4) Net Tax Due (Lines 1+2+3)	
Total Amount Due & Enclosed	

BY CHECKING THIS BOX, I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS: The information contained in this document is true and correct and may be relied upon by the City of Northport. By typing my name and by checking this box, this acknowledges that I am bound by this document just as if I had signed the document rather than typed my name to this document.