



**City of Northport, Alabama**  
**(205) 339-7000**



**LODGING TAX REPORT**

Reporting Period: \_\_\_\_\_

Taxpayer ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

MAIL THIS RETURN WITH  
REMITTANCE TO:  
CITY OF NORTHPORT  
ATTN: REVENUE DEPT.  
P.O. BOX 569  
NORTHPORT, AL 35476

REVENUE@CITYOFNORTHPORT.ORG

TOTAL AMOUNT ENCLOSED:

\$ _____
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Check here if this is a final return

Out of Business Date: \_\_\_\_\_

	(A)	(B)	(C)	(D)	(E)
TAX AREA	GROSS TAXABLE AMOUNT	TOTAL DEDUCTIONS	NET TAXABLE (Column A – Column B)	TAX RATE	GROSS TAX DUE (Column C x Column D)
<b>City</b>				<b>11%</b>	
<b>Police Jurisdiction</b>				<b>5.50%</b>	

This return must be postmarked by the **20<sup>th</sup>** 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 has been examined by me and is a true and complete report for the period stated.

Date \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

<b>(1) Total Tax Due</b> (Total of Column E)	
<b>(2) Penalty</b> (failure to file 10% OR \$50.00 whichever is greater AND failure to pay 10%)	
<b>(3) Interest</b> (Line 1 x 1% per month delinquent)	
<b>(4) Net Tax Due</b> (Add lines 1, 2 and 3)	
<b>TOTAL AMOUNT DUE</b>	

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.