

Town of Berry

(205)689-4562

Tobacco Tax Report

Reporting Period _____

MAIL THIS RETURN WITH REMITTANCE TO:

Company Name _____

Town of Berry
30 School Avenue
Berry, AL 35546

Telephone # _____

() Check here if this is a final return

() Check here for additional forms

	(A)	(B)	(C)
Type of Tax/Tax Area	Number of Items Sold	Tax Rate	Gross Tax Due (Column A * Column B)
Cigarettes			
City		\$.08	
Police Jurisdiction		.04	
Other tobacco products excluding cigars			
City		.08	
Police Jurisdiction		.04	

This return must be postmarked by the 20th of the month following the reporting period for which you are filing to be considered a timely return.

Invoice copies must be submitted along with report to document totals.

By signing this report, I am certifying that this report including accompanying invoices, has been examined by me and is to be 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 10% or \$50, failure to pay 10%)	
(3) Interest (Line 1 * 1% per month delinquent)	
(4) Net Tax Due (Item 1, or if delinquent 1+2+3)	
Total Amount Due & Enclosed	