

# Alabaster

ACCOUNT NO. \_\_\_\_\_

MAIL THIS RETURN WITH REMITTANCE TO:

REPORTING PERIOD \_\_\_\_\_

(Business Name and Address)

**City of Alabaster**

**Dept# CS#1**

**PO Box 830525**

**Birmingham, AL 35283**

PHONE: (205) 664-6844

FAX: (205) 664-6974

\$

Check here if this is a final return.

| Type of Tax/Tax Area | (A)<br>Gross Taxable<br>Amount | (B)<br>Total Deductions | (C)<br>Net Taxable<br>(Column A - Column B) | (D)<br>Tax<br>Rate | (E)<br>Gross Tax Due<br>(Column C x Column D) |
|----------------------|--------------------------------|-------------------------|---|--------------------|---|
| Sales                |                                |                         |   |                    |   |
| General              |                                |                         |   | 4%                 |   |
| Automotive           |                                |                         |   | 1/2%               |   |
| Farm/Mining Machines |                                |                         |   | 1/2%               |   |
| Use                  |                                |                         |   |                    |   |
| General              |                                |                         |   | 4%                 |   |
| Automotive           |                                |                         |   | 1/2%               |   |
| Farm/Mining Machines |                                |                         |   | 1/2%               |   |
| Rental               |                                |                         |   |                    |   |
| General              |                                |                         |   | 2%                 |   |
| Automotive           |                                |                         |   | 1/2%               |   |
| Farm/Mining Machines |                                |                         |   | 1/2%               |   |
| Gas                  |                                |                         |   | 2 ¢<br>/gal        |   |
| Lodging Tax          |                                |                         |   | 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.

Seller must file timely returns, even though no taxes are due.

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<br>(Total of Column E)   |          |
| (2) Failure to Timely Pay<br>(FTTP) Penalty 10% of the<br>tax. (Item 1 x 10%)                    |          |
| (3) Failure to Timely File<br>(FTFF) Penalty (10% of the<br>tax or \$50 whichever is<br>greater) |          |
| (4) INTEREST<br>(Item 1 x 1% per month delinquent)   |          |
| (5) DISCOUNT<br><b>The City of Alabaster DOES NOT<br/>allow a Discount</b>                       | <b>0</b> |
| (6) NET TAX DUE<br>(Items 1+2+3+4)   |          |
| <b>TOTAL AMOUNT DUE &amp;<br/>ENCLOSED</b>   |          |

**SALES TAX/USE TAX**

Automotive rate includes new and used automotive vehicles, truck trailers, semi trailers, and mobile homes.

**MACHINERY RATE**

**ONLY** includes equipment which is used in planting, cultivating and harvesting farm products, or used in connection with the production of agricultural produce of products, livestock or poultry on farms, and the replacement of such machines.

**RENTAL TAX**

Due from lessor on the total gross receipts from rentals in Alabaster.

**STANDARD DEDUCTION SUMMARY TABLE**

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

| TYPE OF TAX      | WHOLESALE SALES | AUTO/MACH. TRADE-INS | LABOR/NON-TAXABLE SERV. | SALE DELIV. OUTSIDE JURIS | SALES TO GOVTOR ITS AGENCIES | SALES OF GAS OR LUBE OILS | OTHER ALLOWABLE DEDUCTIONS | TOTAL DEDUCTIONS |
|------------------|-----------------|----------------------|-------------------------|---------------------------|------------------------------|---------------------------|----------------------------|------------------|
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
|                  |                 |                      |                         |                           |                              |                           |                            |                  |
| TOTAL DEDUCTIONS |                 |                      |                         |                           |                              |                           |                            |                  |

**INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT**

- To avoid the application of penalty and/ or interest amounts, this report must be filed on or before the 20<sup>th</sup> of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with the report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.

Indicate Any Account Changes Below

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

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_