

CITY OF TUSCUMBIA  
 TREASURER'S DEPARTMENT  
 P. O. BOX 29  
 TUSCUMBIA, AL 35674  
 Phone: (256) 383-5463

**MONTHLY TOBACCO/CIGARETTE EXCISE TAX RETURN**

Reporting Month \_\_\_\_\_

Company's Name: \_\_\_\_\_

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

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Tax Rate Schedule

1. *Cigarettes.* An amount equal to six cents (\$0.06) for each twenty-five (25) cigarettes, or fraction of said number, contained in each package sold within the city,
  2. *Cigars.* An amount equal to four cents (\$0.04) for each cigar which is sold within the city;
  3. *All other forms of tobacco.* An amount equal to six cents (\$0.06) for each container of cheroots, stogies, smoking tobacco, chewing tobacco, snuff, or any other tobacco product which is sold within the city.
- Police Jurisdiction Rate: One half (1/2) of the above rates.

| <u>PRODUCT</u>  | <u>AMOUNT SOLD</u>            | <u>TAX RATE</u>   | <u>TAX DUE</u>             |
|---|-------------------------------|---|----------------------------|
| <i>Cigarettes</i> City  | _____ Packs of 25 or fraction | \$0.06 per pack   | \$ _____                   |
| Police Jurisdiction   | _____ Packs of 25 or fraction | \$0.03 per pack   | _____                      |
| <i>Cigars</i> City  | _____ Cigars                  | \$0.04 per cigar  | _____                      |
| Police Jurisdiction   | _____ Cigars                  | \$0.02 per cigar  | _____                      |
| <i>Other</i> City   | _____ Containers              | \$0.06 per container  | _____                      |
| Police Jurisdiction   | _____ Containers              | \$0.03 per container  | _____                      |
| *Wholesaler – Attach itemized schedule or<br>Statement showing amounts of each product<br>Sold to each retailer |                               | <b>Tax Due</b><br>*Penalty<br>(15% of tax, if not paid by the 20 <sup>th</sup> )<br>Interest 1.5% per month | \$ _____<br>_____<br>_____ |
|   |                               | <b>Total Amount Due</b>   | \$ _____                   |

This return, including accompanying schedules or statements, has been examined by me and to the best of my knowledge and belief, is a true and complete return made in good faith for the period specified.

Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_