

City of Tuscaloosa

CONSUMER VAPOR PRODUCTS TAX

ACCOUNT ID: _____

FEIN _____
BUSINESS NAME _____
DBA _____
ADDRESS _____

EMAIL _____

Reporting Period _____

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE DIVISION
P.O. BOX 2089
TUSCALOOSA, AL 35403
PHONE: (205)248-5200
EMAIL: revenueoffice@tuscaloosa.com

INDICATE ANY CHANGE BELOW:

<input type="checkbox"/>	Additional Forms Needed	_____
<input type="checkbox"/>	Change of Location	_____
<input type="checkbox"/>	Mailing Address Change	_____
<input type="checkbox"/>	Out of Business Date	_____

	(A)	(B)	(C)
Type of Tax/Tax Area	Total Volume Sold	Tax Rate	Gross Tax Due (Column A x Column B)
Vapor Products			
City (\$0.10 per mL)		0.10	
Police Jurisdiction (\$0.05 per mL)		0.05	

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. Failure to timely file will result in loss of discount. Penalty for failure to file is 10% or \$50.00 – whichever is greater. Failure to pay is 10%. Interest is current APR. Please call our office for current rate or visit this website: <https://revenue.alabama.gov/assessments/quarterly-interest-rates>.

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.

Printed Name _____ Phone _____

Signature _____ Date _____

(1) Total Tax Due (Total of Column C)	
(2) Penalty (Line 1 x 10%)	
(3) Interest	
(4) Net Amount Due (Line 1, if delinquent 1+2+3)	
(5) Credit (Attach Documentation)	
(6) Total Amount Due & Enclosed (Line 4-5)	