

City of Pell City
1905 FIRST AVENUE NORTH
PELL CITY, AL 35125

Tax Return

REPORTING PERIOD: _____ FILING STATUS: _____

Tax ID#

TOTAL AMOUNT ENCLOSED

☐ Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, Business Address, or Number of Outlets ☐ YES If "YES" please indicate changes on back ☐ Check here if this is a final tax return.
☐ NO

(FILE RETURN FOR EACH REPORTING PERIOD EVEN THOUGH NO TAX MAY BE DUE)

(Rates Applicable Commencing May 1, 2010 at 12:01 a.m.)

TYPE OF TAX	(A) Gross Taxable Amount	(B) Total Deductions DETAILS ON BACK	(C) Net Taxable (Column A - B)	(D) Tax Rate	(E) Unabated School Tax Rate Only**	(F) Gross Tax Due (Column C x D or E)
A. SALES TAX						
1. Auto, Farm Mach & Equipment				2%	.75%	\$
2. Vending Machines				3%	1%	\$
3. Amusement & General				5%	1.5%	\$
4. Property Withdrawn for Use				5%	1.5%	\$
5. Collections on Prior Deductions				5%	1.5%	\$
6. Purchases Outside Pell City				5%	1.5%	\$
B. LODGING TAX						
				5%	XXXXXX	\$
C. USE TAX: ☐ SELLERS ☐ CONSUMERS						
1. Auto, Farm Mach & Equipment				2%	.75%	\$
2. Other Tangible Property				5%	1.5%	\$
3. Collections on Prior Deductions				5%	1.5%	\$
D. RENTAL/LEASING TAX						
1. Auto, Farm Mach & Equipment				1%	XXXXXX	\$
2. Other Tangible Property				3%	XXXXXX	\$
E. MOTOR FUEL TAX (Detail on Back)						
				.01/ GAL	XXXXXX	\$
F. LIQUOR TAX						
				5%	XXXXXX	\$
This return must be postmarked by the 20th day of the month following the reporting period for which it is filed to avoid penalties and interest. If delinquent, items 4 & 5 will be invoiced if payment is not included in remittance.						
(1) NET TAX DUE		Items A (1 through 6)+B+C (1 through 3)+D (1 through 2)+E+F				
(2) PENALTY (10% of Item #1)		\$				
(3) INTEREST (Item #1 X 1% per # mos. or portion of mo. thereof.)		\$				
(4) # _____ of autos withdrawn @ \$2.50 ea.		\$				
(5) Total Tax Due (Item #1 + 2 + 3 + 4)		\$				

****Unabated School Tax Rate for Commercial or Industrial Taxpayers with authorized abatement Certificate only!**

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 above.

SIGNATURE: _____ DATE: _____

TITLE: _____

