

# CITY OF HELENA, ALABAMA

## LODGINGS TAX REPORT

MAIL FORM W/REMITTANCE TO:  
CITY OF HELENA  
PO BOX 613  
HELENA, AL 35080-0613  
PH:205.663.2161 FAX: 205.663.9276

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

TAXPAYER NUMBER \_\_\_\_\_

TAXPAYER NAME:  
ADDRESS

TOTAL AMOUNT ENCLOSED

CHECK HERE IF THIS IS FINAL TAX RETURN

TYPE OF TAX/ TAX AREA	(A) GROSS TAXABLE	(B) DEDUCTIONS	(C) NET TAXABLE <small>(COLUMN A - COLUMN B)</small>	(D) TAX RATE	(E) GROSS TAX DUE <small>(COLUMN C x COLUMN D)</small>
LODGINGS TAX				<b>10%</b>	

This return must be postmarked by the 20<sup>th</sup> 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 above.**

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

<b>(1) TOTAL TAX DUE</b> <small>(TOTAL OF COLUMN E)</small>	
<b>(2) PENALTY</b> <small>(ITEM 1 X 10%)</small>	
<b>(3) INTEREST</b> <small>As established by 26 USCA 6621, According to Section 40-1-44, Code of Alabama 1975</small>	
<b>(4) NET TAX DUE</b> <small>(SAME AS ITEM 1; IF DELINQUENT 1 + 2 + 3)</small>	
<b>TOTAL AMOUNT DUE &amp; ENCLOSED</b>	

**STANDARD DEDUCTION SUMMARY TABLE**

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

TYPE OF TAX	DEDUCTION (DESCRIBE)	DEDUCTION (DESCRIBE)	DEDUCTION (DESCRIBE)	DEDUCTION (DESCRIBE)	DEDUCTION (DESCRIBE)		OTHER ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
<b>TOTAL DEDUCTIONS</b>								

**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> day 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.
- No duplicate or replicated forms except with permission of tax jurisdiction.

<b>INDICATE ANY ACCOUNT CHANGES BELOW</b>
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Business Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_