

CITY OF HELENA, ALABAMA

TOBACCO TAX RETURN

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

REPORTING PERIOD: _____

TAXPAYER ID. _____

TAXPAYER ADDRESS: _____

TOTAL AMOUNT ENCLOSED

--

CHECK HERE IF THIS IS FINAL TAX RETURN

TYPE OF TAX/ TAX AREA	(A) GROSS NUMBER OF ITEMS SOLD	(B) TOTAL DEDUCTIONS	(C) NET ITEMS SOLD (COLUMN A - COLUMN B)	(D) TAX RATE	(E) GROSS TAX DUE (COLUMN C x COLUMN D)
CIGARETTES					
CITY LIMITS (5¢ /pack)				5 ¢	
POLICE JURISDICTION (2.5¢/ pack)				2.5 ¢	
CIGARS					
CITY LIMITS (1¢ /each)				1 ¢	
POLICE JURISDICTION (.5¢/each)				.5 ¢	
SMOKELESS TOBACCO					
CITY LIMITS (5¢ /unit)				5 ¢	
POLICE JURISDICTION (2.5¢/ unit)				2.5 ¢	

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 above.

DATE: _____ TITLE: _____

SIGNATURE: _____

(1) TOTAL TAX DUE (TOTAL OF COLUMN E)	
(2) PENALTY (ITEM 1 X 10%)	
(3) INTEREST (ITEM 1 x 1% PER MONTH DELINQUENT)	
(5) NET TAX DUE	
TOTAL AMOUNT DUE & ENCLOSED	