

CITY OF WEAVER, ALABAMA

MONTHLY TOBACCO/CIGARETTE TAX REPORT

RETURN DUE ON OR BEFORE
20TH DAY OF MONTH

ACCOUNT NUMBER: _____

REPORTING PERIOD: _____

(This return only for the business shown below)

**MAIL THIS RETURN WITH REMITTANCE
PAYABLE**

Name: _____

Address: _____

CITY OF WEAVER
500 ANNISTON STREET
WEAVER, AL 36277
(256) 820-1121
businesslicenses@weaveral.gov

Type of Tax / Tax Area	(A) Total Quantity Sold	(B) Tax Rate	(C) Gross Tax Due (Column A x Column B)
CIGARETTES:			
CITY OF WEAVER (\$.07 / 20 cigarettes or fraction thereof)		\$.07/Pack \$	
CIGARS:			
CITY OF WEAVER (7% of Selling Price)		7.0%	
ALL OTHER TOBACCO PRODUCTS:			
CITY OF WEAVER (7% of Selling Price)		7.0%	
TOTAL COLUMN C			
<p>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.</p> <p>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.</p>	(1) TOTAL TAX DUE <small>(Total of column C)</small>		
	(2) PENALTY <small>(Item 1 x 10%)</small>		
	(3) INTEREST <small>(Item 1 x 0.5% per mo delinquent)</small>		
	(4) NO DISCOUNT ALLOWED		
	(5) NET TAX DUE <small>(Item 1) (If delinquent, Items 1+2+3)</small>		
Signature	TOTAL AMOUNT DUE & ENCLOSED MAKE CHECKS PAYABLE TO CITY OF WEAVER		
Date	Title		
Phone #	E-Mail		