MAIL RETURN WITH REMITTANCE TO:
CITY OF HUNTSVILLE
DEPT. #2108
P.O. BOX 11407
BIRMINGHAM, AL 35246-2108

CITY OF HUNTSVILLE
LIQUOR TAX RETURN

TAX PERIOD .....
DUE DATE.....
ACCOUNT NO.....

AMOUNT OF REMITTANCE

$

1. GROSS RECEIPTS OR GROSS SALES	
2. TAX RATE.....	0.12
3. NET TAX DUE (LINE 1 X 12%)	
4. IF DELINQUENT, ADD PENALTY.....	xxxxxxxxxxxxxxxx
5. FAILURE TO TIMELY PAY (LINE 3 X 10%).....	
6. FAILURE TO TIMELY FILE, GREATER OF (LINE 3 X 10% OR $50).....	
7. TOTAL AMOUNT DUE (LINE 3 + LINE 5 + LINE 6).....	
8. AMOUNT OF REMITTANCE	

NOTE: IF DELINQUENT, INTEREST WILL BE BILLED

PRINTED NAME

TITLE

SIGNED

DATE

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.