

**MONTH AND YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make check payable to:**

City of Montgomery

License & Revenue Tobacco Tax

P.O. Box 5070

Montgomery, Alabama 36103-5070

**Taxpayer Name and Address:**

**Indicate Changes below**

**Furnish complete information on reverse side:**

**First Report Change of Location**

**Final Report Change of Mailing Address**

**Ownership Change Additional Form Needed**

**1. CIGARS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cigars sold x .05 cents per unit $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. ALL OTHER TOBACCO PRODUCTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ units x .05 cents per unit $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. TOTAL DUE TO CITY OF MONTGOMERY: (Add Lines 1-2) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. ADD LATE FILING FEES IF NOT PAID BY THE 20TH OF THE MONTH:**

**a. Late Filing Fee: Minimum of $50 or 10% of taxes due $ \_\_\_\_\_\_\_\_**

**b. Late Payment Penalty: 10% of taxes due $ \_\_\_\_\_\_\_\_**

**c. Interest- Item 3 x current APR each day delinquent $ \_\_\_\_\_\_\_\_**

**View interest rate at:** [**https://revenue.alabama.gov/assessment/quarterly-interest-rates/**](https://revenue.alabama.gov/assessment/quarterly-interest-rates/)

**5. TOTAL REMITTANCE DUE (Add Lines 3 and 4) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This return has been examined by me and is to the best of my knowledge and belief,**

**a true and complete return, made in good faith for the month stated.**

**Signed this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS FORM MAY BE DUPLICATED FOR FUTURE USE**

**MONTHLY TOBACCO TAX RETURN**

**CITY OF MONTGOMERY**