

# City of Mobile

(251) 208-7462

## Other Tobacco Products Tax

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

MAIL THIS RETURN WITH REMITTANCE TO:

BUSINESS NAME: \_\_\_\_\_

**CITY OF MOBILE - REVENUE**  
**P O BOX 3065**  
**MOBILE, AL 36652-3065**  
**PHONE: (251) 208-7462**  
**EMAIL: revenue@cityofmobile.org**

ADDRESS: \_\_\_\_\_

INDICATE ANY CHANGE BELOW:

- ( ) **Out of Business Date** \_\_\_\_\_
- ( ) **Location Change** \_\_\_\_\_
- ( ) **Mailing Address Change** \_\_\_\_\_

	(A)	(B)	(C)	(D)
<b>Other Tobacco Products</b>	<b>Total Quantity</b>	<b>City Rate</b>	<b>PJ Rate</b>	<b>Gross Tax Due</b> (Column A x Column B)
		<b>\$0.10</b>	<b>\$0.05</b>	
Number of Individual Retail Sales Units – Individual Cigars				
Number of Individual Retail Sales Units – Little Cigars				
Number of Individual Retail Sales Units of Smoking Tobacco				
Number of Individual Retail Sales Units of Smoking Tobacco				
Number of Individual Retail Sales Units of Snuff				
Number of Individual Retail Sales Units of Tobacco Papers				

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. Failure to file a timely return will result in the assessment of a 10% penalty plus interest based on the current APR per month.

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.

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

	(1) Total Tax Due (Total of Column D)
	(2) Penalty (Line 1 x 10%)
	(3) Interest (Line 1 x current APR each month delinquent)
	(4) Net Tax Due (Line 1, if delinquent 1+2+3)
	(5) Credit (Attach Documentation)
	(6) Total Amount Due & Enclosed (Line 4-5)

*Penalty for non-reporting and/or non-payment are specifically stated in tax ordinance 34-058/2003.*