

City of Mobile

WINE TAX RETURN

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF MOBILE
P O BOX 3065
MOBILE, AL 36652-3065
PHONE: (251) 208-7462

ACCOUNT ID: _____

BUSINESS NAME: _____

ADDRESS: _____

INDICATE ANY CHANGE BELOW:

- Out of Business (see back)
- Change of Location (see back)
- Change of Mailing Address (see back)

REPORTING PERIOD _____

	(A)	(B)	(C)
Tax Area	Total Liters Sold	Tax Rate	Gross Tax Due (Column A x Column B)
City Rate		.07	

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 loss of discount and assessment of 10% penalty and interest of 1% 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 E)	
(2) Penalty (Line 1 x 10%)	
(3) Interest (Line 1 x 1% each month delinquent)	
(4) Discount (5% on \$100.00 or less, 2% over \$100.00 up to a maximum of \$200.00)	
(5) Net Tax Due (Line 1-4, if delinquent 1+2+3)	
(6) Credit (Attach Documentation)	
(7) Total Amount Due & Enclosed (Line 5-6)	

WINE TAX INSTRUCTIONS

INSTRUCTIONS:

- Wholesale Wine Distributors must file this report directly with the city monthly.
- Column (A): Total liters of wine sold for the period covered by this report.
- Column (B): City Tax Rate.
- Column (C): Total tax Due (A multiplied by B)
- Penalty: 10% penalty and interest of current APR per month.
- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report was submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with this report.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.

INDICATE ANY ACCOUNT CHANGES BELOW

Business Name: _____ Date of Change: _____
Business Address: _____ Phone _____
Mailing Address: _____ FAX: _____
_____ Contact Person: _____

FINAL REPORT

GIVE DATE BUSINESS CLOSED: _____
SUCCESSOR'S NAME: _____
ADDRESS: _____