



CITY OF ANNISTON

P.O. Box 2168
Anniston, AL 36202

MONTHLY TOBACCO TAX REPORT FOR THE MONTH OF _____

TAXPAYER NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

Number of cigarette packs
sold in the City of Anniston _____ X \$.08..... \$ _____

Number of cigarette packs sold
in the police jurisdiction _____ X \$.04..... \$ _____

Total selling price of all other tobacco products sold
in the City of Anniston _____ X 8%..... \$ _____

Total selling price of all other tobacco products sold
in the police jurisdiction _____ X 4%..... \$ _____

Amount of tax due (sum of City and Jurisdiction) \$ _____

Late payment penalty, if applicable \$ _____

15% if less than 30 days past due
30% if more than 30 days past due
Plus 1% per month interest

Total amount enclosed (tax amount & penalty, if any)..... \$ _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM AND TO
THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE REPORT IS TRUE AND
ACCURATELY SHOWS THE TOTAL AMOUNT OF TOBACCO PRODUCTS SOLD BY SUCH
LICENSEE DURING THE PRECEDING MONTH.

SIGNATURE OF LICENSEE OR DESIGNATED AGENT

DATE

Make checks payable to City of Anniston, Alabama.
Remit monthly report and payment to:

City of Anniston
Attn: Finance Department
P.O. Box 2168
Anniston, AL 36202

Phone: 256-231-7726
Fax: 256-231-7664
Web: www.anniston.al.gov