CITY OF DEMOPOLIS
MONTHLY TOBACCO TAX RETURN

RETURN DUE ON OR BEFORE 20TH OF THE MONTH

THIS RETURN IS FOR THE MONTH OF _____

NAME OF BUSINESS: _____
ADDRESS: _____
_____
_____

COMPUTATION

CIGARETTES _____**PACKS X .08**……**$** _____

ALL OTHER
TOBACCO PRODUCTS _____**QUANTITY X .08** ……**$** _____

TOTAL REMITTED ……...**$** _____

LIST ALL LOCATIONS FOR WHICH SALES ARE BEING REPORTED:

1. _____
2. _____
3. _____
4. _____
5. _____

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 this the ____ day of _____year _____.

SIGNATURE _____

RETURN REMITTANCE AND FORM TO:
CITY OF DEMOPOLIS
P O BOX 580
DEMOPOLIS AL 36732