

CITY OF FLORENCE, AL TOBACCO TAX RETURN

REPORTING MONTH _____

FROM:

	QTY.		TAX DUE
CIGARETTES (\$.06 PER PACK)			
SMOKING TOBACCO (\$.06 PER PACK)			
CHEWING TOBACCO & SNUFF (\$.06 PER PACK)			
CIGARS (\$.04 EACH)			

TOTAL TAX DUE

UNDER PENALTIES OF PERJURY, I HEREBY CERTIFY THAT THE INFORMATION IS A TRUE AND CORRECT STATEMENT OF TOBACCO SALES WITH THE CITY OF FLORENCE DURING THE PRECEDING MONTH.

SIGNATURE OF AUTHORIZED AGENT

TITLE

DATE

RETURN REMITTANCE AND FORM TO:

CITY OF FLORENCE
ATT'N: CITY CLERK'S OFFICE
P.O. BOX 98
FLORENCE, AL 35631

RETURN DUE ON OR BEFORE THE 20th OF EACH MONTH, AND MUST INCLUDE ALL SUPPORTING DOCUMENTATION.