

CITY OF DAPHNE
REVENUE DIVISION
TOBACCO/CIGARETTE EXCISE TAX



Note: Return due on or before the 20th of each month.

RETURN MONTH: _____, 20__ ACCOUNT NUMBER: _____

BUSINESS NAME: _____
(If Business Name is imprinted, this return may be used only for the above named.)

CONTACT PERSON: _____

ADDRESS: _____

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, or Number of Outlets? No Yes
Is this a Final Return? No Yes (If Yes, attach detailed explanation.)

CORPORATE LIMITS TAX RATES:

- Tobacco products other than cigarettes – 10% of the Retail Selling Price
- Cigars – 10% of the Retail Selling Price
- Cigarettes containing more than 20 & not exceeding 40 per package – 4% per package of cigarettes

CUSTOMER	TOTAL CARTONS SOLD	TOBACCO PRODUCTS	TAX RATIO	TAX DUE
DETAIL ATTACHED		CTN-20 CIGARETTES PER PACKAGE	.20 / CARTON	
DETAIL ATTACHED		CTN-20/40 CIGARETTES PER PACKAGE	.04 / EACH PACKAGE	
DETAIL ATTACHED		CIGARS	10% OF RETAIL	
DETAIL ATTACHED		ALL OTHER TOBACCO PRODUCTS	10% OF RETAIL	
Make checks payable to: City of Daphne Mail return with payment to: City of Daphne P.O. Drawer 1047 Daphne, AL 36526-1047			SUB-TOTAL	
			PENALTY (20% OF TAX DUE)	
			INTEREST (1% PER MONTH LATE)	
			TOTAL AMOUNT DUE/ENCLOSED	

This return, including accompanying schedules or statements, 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 period stated above.

Signature

Date

Revenue Office Only:

Batch # _____ Check # _____ \$ _____
Amount Received

Received by _____ Date _____