

CITY OF DAPHNE
REVENUE DIVISION
RENTAL/LEASE TAX RETURN



REPORTING PERIOD: _____ ACCOUNT NUMBER: _____

BUSINESS NAME: _____ CONTACT PERSON: _____

BUSINESS ADDRESS: _____

Check here if this is a change of address.

TYPE OF TAX/TAX AREA	(A) GROSS RECEIPTS	(B) TOTAL DEDUCTIONS (SEE BACK)	(C) NET TAXBLE (A) – (B)	(D) TAX RATE	(E) GROSS TAX(ES) DUE (C) X (D)
AUTOMOTIVE VEHICLES, ETC.				1%	
LINENS & GARMENTS				1%	
ALL OTHER				2.5%	
(E) TOTAL TAX DUE (TOTAL)					
(F) PENALTY: FAILURE TO TIMELY FILE (SEE BACK)					
(G) PENALTY: FAILURE TO TIMELY PAY (SEE BACK)					
TOTAL AMOUNT DUE					

**This return must be post-marked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return.*

Make checks payable to: City of Daphne
Mail return with payment to: City of Daphne
P.O. Drawer 1047
Daphne, AL 36526-1047

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 & belief, a true & complete report for the period stated.

Signature

Title

Date

Revenue Use Only:

Batch #

Check #

\$ Amount

Revenue Division

Date

