

**Tuscaloosa County Sales Tax Return**  
**P.O. Box 20738**  
**Tuscaloosa, AL 35402-0738**  
**(205) 722-0540 Fax (205) 722-0587**

Tax Period \_\_\_\_\_  
Year \_\_\_\_\_  
Phone \_\_\_\_\_

( ) Check here if this is a final return.

Closing Date \_\_\_\_\_

**\*\*Must use this original form.\*\***

	(A)	(B)	(C)	(D)	(E)
Type of Tax/Location	Gross Sales	Total Deductions	Net Taxable <small>(Column A - Column B)</small>	Tax Rate	Total Tax <small>(Column C x Column D)</small>
<b>General Merchandise</b>					
Within the <b>City Limits</b>				<b>0.03</b>	
Within the <b>Police Jurisdiction</b>				<b>0.04</b>	
Within the <b>County</b>				<b>0.05</b>	
<b>Automotive</b>					
Within the <b>City Limits</b>				<b>0.0075</b>	
Within the <b>Police Jurisdiction</b>				<b>0.01125</b>	
Within the <b>County</b>				<b>0.015</b>	
<b>Machine</b>					
Within the <b>City Limits</b>				<b>0.01125</b>	
Within the <b>Police Jurisdiction</b>				<b>0.015</b>	
Within the <b>County</b>				<b>0.01875</b>	

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

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

Date \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

(1) Total Tax <small>(Total of Column E)</small>	
(2) Penalty <small>(Item 1 x 10%) *see back for calculation</small>	
(3) Interest <small>*see back for calculation</small>	
(4) Discount <small>*see back for calculation</small>	
(5) Amount Due	
(6) Credits or Debits	
Total Amount Due & Enclosed	

**Make checks payable to the Tuscaloosa County Special Tax Board**

**Returns can be filed online at [www.myalabamataxes.alabama.gov](http://www.myalabamataxes.alabama.gov)**

**Deductions Computation**

- (a) Total wholesale sales both cash and credit
- (b) Credit for automotive vehicles and trailers as part payment on sales
- (c) Credit for labor / nontaxable services
- (d) Sales in interstate commerce
- (e) Sales to U.S. Government, State of Alabama counties, and incorporated cities and towns in Alabama
- (f) Sales of gasoline or lube oils
- (g) Other allowable deductions

Total Allowable deductions = (a) + (b) + (c) + (d) + (e) + (f) + (g)

- (1) Total Tax = Total of column E
- (2) Penalty = 10% of tax if paid after the due date
- (3) Interest = Interest through July 31, 2017: Total Tax x (1% x months late)  
Interest after August 1, 2017: Total Tax x [(IRS rate divided by 365) x No. of days late]
- (4) Discount = 5% on first \$100.00 tax + 2% on tax over \$100.00. **Maximum \$200.00 discount.**
- (5) Net Tax = Tax due less discount or plus penalty and interest
- (6) Credits and Debits = Less any credit or plus any debit (additional amount due)
- (7) Total Due = Total tax less discount or plus penalty and interest, less credits plus any additional amount due

**STANDARD DEDUCTION SUMMARY TABLE**

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

Type of Tax	Wholesale Sales	Auto Trade-ins	Labor	Deliveries out of jurisdiction	Gov't Agencies	Gas or lube oils	Other allowable deductions	Total Deductions
Total Deductions								

**INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT**

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20<sup>th</sup> of the month following the period for which the report is submitted. **Cancellation postmark by Post Office will determine timely filing.**
- A remittance for the total amount due made payable to the tax jurisdiction must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.
- **NO DUPLICATE OR REPLICATED FORMS ARE ACCEPTED.**

Indicate Any Account Changes Below

Business Name _____	Contact Person _____
Physical Address _____	Phone _____
Mailing Address _____	Fax _____
City _____	

**\*DISCOUNTS ARE ONLY ALLOWED ON SALES TAX RETURNS.**