

City of Foley
Tobacco Tax Remittance Form
Month of: _____

Remit to: **City of Foley**
P.O. Drawer 400
Foley, AL 36536

CIGARETTES

Inside City Limits of Foley

<u>Name of Business Delivered To</u>	<u>Number of Packs Sold</u>	<u>x .07 cents</u>	<u>Total Tax Due</u>

ALL OTHER TOBACCO PRODUCTS

Inside City Limits of Foley

<u>Name of Business Delivered To</u>	<u>TOTAL Wholesale Sales</u>	<u>x 7 %</u>	<u>Total Tax Due</u>

CIGARETTES

Police Jurisdiction of Foley

<u>Name of Business Delivered To</u>	<u>Number of Packs Sold</u>	<u>x .035 cents</u>	<u>Total Tax Due</u>

ALL OTHER TOBACCO PRODUCTS

Police Jurisdiction of Foley

<u>Name of Business Delivered To</u>	<u>TOTAL Wholesale Sales</u>	<u>x 3.5 %</u>	<u>Total Tax Due</u>

(Applicable if remitted after the 20th of the Month) **15% Late Fee**
Total Paid _____

Name of Company Remitting Tax: _____

Print Name: _____

Sign Name: _____

Address: _____

*If you do not complete this form please attach copies of sales reports or receipts showing what you sold.