



City of Decatur  
P.O. Box 488  
Decatur, AL 35602-0488

### Tobacco Tax Form

Tax Period Being Paid: \_\_\_\_\_

City Tax ID number: \_\_\_\_\_

If you do not know your number please contact us.

[revenueforms@decatural.gov](mailto:revenueforms@decatural.gov)

Please indicate below the quantities sold for the types of tobacco products listed. This tax is applicable to tobacco products other than cigarettes and the rate of tax is based on the type of product and where it is sold. This tax return including payment must be remitted to the City of Decatur by the twentieth (20th) day of the month following the month for which you are reporting.

Legal Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

- Cigars (Each) City Rate .04 PJ Rate .02 \$
- Smoking Tobacco (per pkg) City Rate .08 PJ Rate .04 \$
- Chewing Tobacco (per pkg) City Rate .08 PJ Rate .04 \$
- Discount 1% of Total \$
- Total Tax Due \$

Penalty 15% \_\_\_\_\_ Interest 1% \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**This tax return, including any accompanying statements and/or schedules, 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.**