

RETURN DUE ON OR BEFORE  
THE 20<sup>TH</sup> OF EACH MONTH



Batch \_\_\_\_\_  
Check \_\_\_\_\_  
Amount \_\_\_\_\_

PO Box 4089 ♦ Gulf Shores, AL 36547 ♦ Phone 251-968-2426 ♦ Fax 251-968-1470

# TAX RETURN

Account No. \_\_\_\_\_  
Reporting Period \_\_\_\_\_

(This return only for the business shown below)

- Check here for address change
- Check here is this is a FINAL tax return

Total Amount Remitted

\$ \_\_\_\_\_

Make check payable to:  
CITY OF GULF SHORES

Type of Tax	Tax Rate %	(A) Gross Receipts	(B) Total Deduction (see back)	(C) Net Taxable	(D) Tax Due	(E) Plus (+) Penalty	(F) Plus (+) Interest	(G) Amount Due
Sale -General	3.0							
Sale -General P.J.	1.5							
Sale -Automotive	1.5							
Sale -Automotive P.J.	.75							
Sale -Machine/Agriculture	1.5							
Sale -Mach/Agriculture P.J.	.75							
Lodging	7.0							
Lodging P.J.	3.5							
Use -General	3.0							
Use -General P.J.	1.5							
Use -Automotive	1.5							
Use -Automotive P.J.	.75							
Use -Machine/Agriculture	1.5							
Use -Mach/Agriculture P.J.	.75							
Lease -General	3.0							
Lease -General P.J.	1.5							
Lease -Auto/Linens/etc	1.5							
Lease -Auto/Linens/etc P.J.	.75							
Auto Vehicles Withdrawn No. _____ x \$1.00								

(\* P.J. – Police Jurisdiction)

**TOTAL AMOUNT DUE** \_\_\_\_\_

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.

Signature & Title \_\_\_\_\_

Date \_\_\_\_\_

## INSTRUCTIONS FOR FILING CITY OF GULF SHORES TAX RETURN

- Column A Enter gross receipts (both cash/credit, nontaxable/ taxable).
- Column B Enter total deductions from standard deductions summary table below.
- Column C Enter net taxable - Column A (Gross Receipts) less Column B (Total Deduction)
- Column D Enter tax due for each tax type by multiplying tax rate by Column C (Net Taxable).
- Column E Enter penalty (See below for penalty worksheet) if delinquent.
- Column F Enter interest (See below for interest worksheet) if delinquent.
- Column G Enter amount due for tax type: Add Columns D (Tax Due), E (Penalty) and F (Interest)
- Total Amount Due Add all amounts in Column G (Amount Due) and place results on the "Total Amount Due" line.

Penalty Worksheet	Interest Worksheet
<p><b>Penalty 1 - Failure to Timely File</b></p> <p>1. Tax Amount _____</p> <p>2. Line 1 x 10% or \$50, whichever is greater _____</p> <p><b>Penalty 2 - Failure to Timely Pay</b></p> <p>3. Line 1 x 10% _____</p> <p><b>Total Penalty – Add Penalties 1 and 2 together</b></p> <p>4. Add line 2 and 3 _____</p>	<p style="text-align: center;"><b>Interest Calculation</b></p> <p>1. Use the current interest rate established by 26 USC 6621. The rate can be found at: <a href="https://revenue.alabama.gov/taxpayer-advocacy/assessments/quarterly-interest-rates/">https://revenue.alabama.gov/taxpayer-advocacy/assessments/quarterly-interest-rates/</a></p> <p>2. Take the interest rate ____ ÷ 365 = daily interest rate. The daily rate x number of days late x tax = interest due.</p>

### Standard Deduction Summary Table

(Summary below must be completed to correspond with total deductions on front of Tax Report)

TYPE OF TAX	WHOLE SALE TAX	AUTO TRADE-INS	LABOR/ NON-TAXABLE SERVICE	SALES DELIVERY OUTSIDE JURISDICTION	SALES TO GOVERNMENT OR ITS AGENCIES	SALES OF GAS OR LUBE OILS	OTHER ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
Total Deductions								

- 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 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 a zero return must be filed.
- No duplicate or replicated forms acceptable except with prior approval of the taxing jurisdiction.

Indicate Any Account Changes Below

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_ Fax \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_