City of Decatur, Alabama
Police Jurisdiction Sales / Seller's Use / Consumer's Use / Leasing Tax Report

Reporting Period					WHE	N ARE TAXI	ES DUE?
Taxpayer ID #: Business Name and Address: Filing Frequency: MONTHLY Filing Frequency: MONTHLY each calendar mont the 20th of the foll during which the tax							on or before ving month
*** Reporting q	uestions? Email th	em to: taxhelp@d	decatur-al.gov! **	**	тоти	*** NOTICE AL DISCOU NOT EXCE 0.00 PER I	INT MAY
Check here if this is a fir	nal tax return. Ple	ease visit www.de	caturalabamausa.	com if vou r	eed help with th	is form or to pri	nt extra forms.
Type of Tax/Tax Area	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	Gross Sales Amount	Total Deductions	Net Taxable	Tax Rate	Gross Tax Due	1% Discount	Net Tax
Sales Tax / Seller's Use				Rate			
a. Automotive Rate	\$	\$	\$.50%	\$	\$	\$
b. Manufacturing Rate	\$	\$	\$.75%	\$	\$	\$
c. General Rate	\$	\$	\$	2%	\$	\$	\$
Consumer Use Tax							
a. Automotive Rate	\$	\$	\$.50%	\$	N/A	\$
b. Manufacturing Rate	\$	\$	\$.75%	\$	N/A	\$
c. General Rate	\$	\$	\$	2%	\$	N/A	\$
Leasing / Rental Tax							
a. Automotive Rate	\$	\$	\$.50%	\$	N/A	\$
b. Manufacturing Rate	\$	\$	\$.75%	\$	N/A	\$
c. General Rate	\$	\$	\$	2%	\$	N/A	\$
> Mail returns with (CHECK ONLY) payments to: (1) NET TAX DUE (Total of Column G)							\$
Sales Tax, Dept. R-6 PO Box 830525 (2) PENALTY (Item 1 x 15%)						\$	
> All returns with zero tax due or any correspondence should be (3) TOTAL TAX DUE (Item 1)							
mailed to: City of Decatur				(4) ENTER CREDIT INVOICE			
Revenue Department				AMOUNT HERE \$			
P.O. Box 488				(Enclose a copy of the credit memo)			
Decatur, AL 35602-0488 > Postmark cancellation determines timely filing! TOTAL AMOUNT DUE & ENCLOSED						\$	
> For questions or assistance please call (256) 341-4546 or email taxhelp@decatur-al.gov ### TILE AND PAY YOUR TAX ONLINE AT: www.revenue.alabama.gov							\$
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 kno report for the period stated.			•				

Date_____ Title_____

Signature _____

Please make your checks payable to the "City of Decatur".