

**CITY OF BOAZ**  
**PO BOX 537 BOAZ, AL 35957**  
**(256) 593-9537**  
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**MONTHLY TOBACCO TAX RETURN**

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

This Return is for the Month of \_\_\_\_\_

Name: \_\_\_\_\_

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

City – State – Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

- 1. CIGARETTES - \_\_\_\_\_ X \$.02 PER INDIVIDUAL PACKAGE.....\$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES) (WHOLESALE)
- 2. CIGARS - \_\_\_\_\_ X \$.01 PER EACH INDIVIDUAL CIGAR.....\$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES)
- 3. ALL OTHER PRODUCTS \_\_\_\_\_ X \$.02 PER INDIVIDUAL PACKAGE.....\$ \_\_\_\_\_  
(PLEASE ATTACH COPIES OF INVOICES)
- 4. TOTAL TAX DUE.....\$ \_\_\_\_\_
- 5. TOTAL REMITTANCE AMOUNT.....\$ \_\_\_\_\_

This return 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 time period stated.

This the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature \_\_\_\_\_

Title \_\_\_\_\_