

**CITY OF CALERA  
10947 HIGHWAY 25  
CALERA, ALABAMA 35040**

**TOBACCO PRODUCT SALES TAX RETURN**

**MONTHLY REPORT OF WHOLESALERS OF TOBACCO  
PRODUCTS FOR SALES DURING THE MONTH OF  
\_\_\_\_\_, 2\_\_\_\_\_.**

This report must be filed in the Office of the City Clerk on or before the 20<sup>th</sup> day of each month and shall cover all sales of cigars, Cheroots, Cigarillos, Stogies, Smoking Tobacco, Chewing Tobacco, Snuff, or any substitute therefor, made during the preceding month in the corporate limits or police jurisdiction for the City of Calera.

NAME OF BUSINESS \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This entire form must be completed, notarized, and returned with total tax remittance attached, on or before the 20<sup>th</sup> day of the month immediately succeeding the period covered by this tax return to:

**City of Calera  
City Clerk / Revenue Office  
10947 Highway 25  
Calera, Alabama 35040**

**SECTION 1. City Limits**

	<b>AMOUNT OF TAX</b>	<b>TOTAL TAX DUE</b>
<b>All Cigars</b>	<b>1 cent each</b>	_____
<b>Smoking Tobacco</b>		
<b>Chewing Tobacco</b>		
<b>Smokeless Tobacco</b>		
<b>Snuff, Etc.</b>	<b>10 cents per package</b>	_____
<b>TOTAL TAX DUE AND REMITTED</b>		<b>\$</b> _____

List all locations for which sales are being reported in city limits.

**SCHEDULE OF LOCATIONS IN CITY LIMITS**

<b><u>RETAIL BUSINESS NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>TAX DUE</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: Please use additional pages if necessary to list all applicable business locations.**

**SECTION 2. Police Jurisdiction**

	<b>AMOUNT OF TAX</b>	<b>TOTAL TAX DUE</b>
<b>All Cigars</b>	<b>1/2 of 1 cent each (.005)</b>	_____
<b>Smoking Tobacco</b>		
<b>Chewing Tobacco</b>		
<b>Smokeless Tobacco</b>		
<b>Snuff, Etc.</b>	<b>05 cents per package</b>	_____
<b>TOTAL TAX DUE AND REMITTED</b>		<b>\$</b> _____

**List all locations for which sales are being reported in Police Jurisdiction.**

**SCHEDULE OF LOCATIONS IN POLICE JURISDICTION**

<b><u>RETAIL BUSINESS NAME</u></b>	<b><u>ADDRESS</u></b>	<b><u>TAX DUE</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: Please use additional pages if necessary to list all applicable business locations.**