

LODGINGS TAX RETURN

Gardendale, Alabama

P. O. Box 889 Gardendale, AL 35071
Phone: 205-631-8789 Fax 205-631-1700

TAXPAYER ID: _____

For the Month Beginning _____, 20_____, and Ending _____, 20_____

Name of Person, Firm or Corporation

Trade Name, if Different

TAX COMPUTATION

1. CHARGES

(a) Total gross charges (cash, debit, electronic transfer or credit) from the rental of rooms and other rentals and services for the period covered by this return. _____.

(b) Total collections made during month on credit charges previously claimed as a deduction: _____.

2. **TOTAL of (a) and (b):** _____.

3. DEDUCTIONS

(a) Taxable amounts due from rentals or services not collected during this period, if any _____.

(b) Charges for the rental of rooms, lodgings, or accommodations supplied for a period of **180 continuous** days or more to the same occupant, if any. _____.

4. **TOTAL DEDUCTIONS** (Total of lines 3a Through 3e) _____.

5. **TOTAL NET CHARGES AS MEASURE OF TAX DUE** (total of lines 2 minus line 4) _____.

6. **AMOUNT OF TAX DUE** (Equals 8% of line 5) _____.

7. **PENALTY @ 10%** (if applicable) ** _____.

8. **INTEREST @ 1% per month** (if applicable) ** _____.

9. **TOTAL AMOUNT DUE** _____.

** PENALTIES AND INTEREST APPLY WHEN PREVIOUS MONTH'S LODGINGS TAX IS NOT REMITTED or POSTMARKED BY THE 20TH DAY OF THE NEXT MONTH. EXAMPLE: LODGINGS TAX COLLECTED IN **JANUARY** 2017 MUST BE REMITTED or POSTMARKED NO LATER THAN **FEBRUARY 20**, 201

This return with payment attached must be mailed to the City of Gardendale at the address shown on the top of this form and must be received or postmarked by the City on or before the 20th day of the month succeeding the month covered by this return.

This return, 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 return made in good faith for the month stated.

SIGNATURE: _____

NAME (PLEASE PRINT): _____

FIRM: _____

TITLE: _____

Date: _____