



# SHELBY COUNTY, ALABAMA

## SALES, USE, RENTAL, LODGING & TOBACCO TAX RETURN

Reporting Period \_\_\_\_\_

Taxpayer Account # \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

MAIL THIS RETURN WITH REMITTANCE TO:  
**PLEASE NOTE OUR CHANGE OF MAILING ADDRESS**

**SHELBY COUNTY BUSINESS REVENUE OFFICE**  
200 West College Street – Room 115  
Columbiana, Alabama 35051

Phone: (205) 670-6520 Fax: (205) 669-8781

Make check payable to: **Shelby County Business Revenue**

<b>Enter Amount</b>	<b>Enter Check #</b>
\$	

Check here if your business is closed.

Type of Tax	(A) Gross Taxable Sales	(B) Total Deductions (Table on Back)	(C) Net Taxable Sales (Column A-Column B)	(D) Tax Rate	(E) Gross Tax Due (Column C x Column D)
SALES (General)				.01	
SALES (Machine Rate/Vending)				.00375	
SALES (Automotive)				.00375	
USE-Sellers /Consumer (General)				.01	
USE-Sellers /Consumer (Auto/ Machine Rate)				.00375	
RENTAL (General)				.03	
RENTAL (Automotive)				.01125	
LODGING				.07	
TOBACCO (No. of Unstamped Tobacco Products Sold x 0.04)				.04	
<p><b>This return must be postmarked by the 20<sup>th</sup> of the month following the reporting period for which you are filing to be considered a timely return. Failure to timely pay will result in loss of discount.</b></p> <hr/> <p>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. Please provide an email address below.</p> <p>_____ <b>Signature</b> <span style="float: right;"><b>Title</b></span></p> <p>_____ <b>Email (required)</b></p> <p>_____ <b>Date</b> <span style="float: right;"><b>Telephone</b></span></p>	(1) Total Tax Due (Total of Column E)				
	(2) Failure to Pay Timely Penalty 10% (Line 1 x .10)				
	(3) Interest (Line 1 x .0049 per month delinquent)				
	(4) Discount For Timely Payment of Sales and Lodging Tax (5% on \$100 or less, 2% on over \$100, Maximum Discount of \$400) <b>No Discount on Use, Rental or Tobacco Tax</b>				
	(5) Net Tax Due (Lines 1 + 4) Delinquent Taxes (Lines 1 + 2 + 3)				
	(6) For Automobile Dealers: Add # of vehicles withdrawn at \$1.25 each				
	(7) Credit (Attach Documentation)				
Total Amount Due & Enclosed					

**STANDARD DEDUCTION SUMMARY TABLE**

Summary below must be completed to correspond with total deductions on front of tax report

<b>Tax Type</b>	<b>Wholesale Sales</b>	<b>Auto and Machine Trade-Ins</b>	<b>Labor and Service</b>	<b>Deliveries Outside Jurisdiction</b>	<b>Governmental Agencies</b>	<b>Gas or Lube oils</b>	<b>*Other Allowable Deductions</b>	<b>Total Deductions</b>
<b>Total Deductions</b>								

\* Please give an explanation for the other allowable deductions. Attach additional sheet if necessary.

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To download additional forms: [www.Shelbyal.com/documentcenter](http://www.Shelbyal.com/documentcenter): Choose Financial Services

Online Filing Website: [www.revenue.alabama.gov/salestax](http://www.revenue.alabama.gov/salestax) - Help Desk 1-866-576-6531

**INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS RETURN**

1. To avoid the assessment of penalty and/or interest, this return 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.
2. A remittance for the total amount due made payable to Shelby County, AL must be submitted with this return.
3. This return should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
4. Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.

**Indicate Any Account Changes Below**

<b>Business Name:</b> _____	<b>Final Return</b> _____
<b>Physical Address:</b> _____	<b>Phone:</b> _____
<b>Mailing Address:</b> _____	<b>Fax:</b> _____
<b>City:</b> _____	<b>Contact Person:</b> _____
<b>Email address:</b> _____	