



BALDWIN COUNTY
SALES & USE TAX DEPARTMENT
 P.O. Box 189
 ROBERTSDALE, ALABAMA 36567
 (251) 937-9561, (251)943-5061, (251)928-3002

FOR OFFICE USE ONLY

Batch _____
 CK / Cash _____
 Amount _____
 Initials _____

MONTHLY REPORT FOR RETAIL DEALER IN TOBACCO PRODUCTS

REPORTING PERIOD: _____
 Account # _____
 Business Name _____
 Address _____
 Address _____

Make checks payable to:
 Baldwin County Sales & Use Tax Dept.
 P O Box 189
 Robertsdale, AL 36567

**THIS RETURN MUST BE POSTMARKED BY THE 20TH DAY OF THE MONTH FOLLOWING THE REPORTING PERIOD FOR WHICH YOU ARE FILING TO BE CONSIDERED A TIMELY RETURN.
 (A RETURN IS REQUIRED FOR EACH PERIOD EVEN THOUGH NO TAX MAY BE DUE.)**

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, Business Address, or Number of Outlets?

YES If "YES" please indicate changes on back of this form

Check here if this is a final tax return.

Note: Cigarettes should be stamped with Baldwin County Stamps if sold in Baldwin County. Contact the Sales & Use Tax Department if not stamped at time of your purchase.

OTHER TOBACCO PRODUCTS

TYPE OF TOBACCO PRODUCT	(A) # OF PACKAGES	(B) TAX RATE	(C) GROSS TAX DUE (Column A x Column B)
SMOKING TOBACCO		\$.05 PER CONTAINER	
CHEWING TOBACCO		\$.05 PER PACKAGE	
SNUFF		\$.05 PER PACKAGE	
TOBACCO PAPER		\$.08 PER PACKAGE	
(1) TOTAL TAX DUE (Total of Column C)			
(2) PENALTY - Failure to File (Item 1 X the greater of 10% or \$50.00) <i>If postmarked after 20TH</i>			
(3) PENALTY- Failure to Pay (Item 1 x 10%) <i>If postmarked after 20TH</i>			
(4) INTEREST (Item 1 x 1% Per Month Delinquent)			
(5) TOTAL AMOUNT DUE			

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 completed report for the period stated.

Signature: _____ Date: _____

Title: _____