407 East Laurel Avenue P.O. Box 1750 Foley, Alabama 36536



(251) 943-1545 Fax (251) 952-4014 www.cityoffoley.org

	R E	VENUE	DEPT				
Taxpayer ID#	(REQUIRED)	TAX RET	TURN	☐ Check h	nere for add	dress change	è
Reporting Period	(REQUIRED)	_		☐ Check h	nere if this i	s a FINAL ta	x return
(This return only for the business show	<u>wn below)</u>				Total Amo	unt Remitte	d
				\$			
						ck payable OF FOLEY	to:
(Instructions are listed on Page 2)							_
l _T	av Rate (A)	(B)	(C)	(D)	(F)	(F)	(G)

(Instructions are listed on Page 2)									
	Tax Rate	(A)	(B)	(C)	(D)	(E)	(F)	(G)	
Type of Tax	%	Gross Taxable Amount	Deductions: Details on back	Net Taxable	Tax Due	Plus (+) Late <i>File</i> Penalty	Plus (+) Late <i>Pay</i> Penalty	Amount Due	
Sales - General	3.00%								
Sales - General PJ	1.50%								
Sales - Amusement	3.00%								
Sales - Amusement PJ	1.50%								
Sales - Auto, Farm, Manuafacturing	0.50%								
Sales - Auto, Farm, Manuafacturing PJ	0.25%								
Sales - Vending	3.00%								
Sales - Vending PJ	1.50%								
Sellers Use - General	3.00%								
Sellers Use - General PJ	1.50%								
Sellers Use - Auto, Farm, Manufacturing	0.50%								
Sellers Use - Auto, Farm, Manufacturing PJ	0.25%								
Consumer Use General	3.00%								
Consumer Use General PJ	1.50%								
Consumer Use Auto, Farm, Manufacturing	0.50%								
Consumer Use Auto, Farm, Manufacturing PJ	0.25%								
Rental - General/Linens	2.00%								
Rental - General/Linens PJ	1.00%								
Rental - Auto	1.00%								
Rental - Auto PJ	0.50%								
Lodging	7.00%								
Lodging PJ	3.50%								

^{***}PJ - Police Jurisdiction

TOTAL AMOUNT DUE:

By signing this report I am certifying that this report, including any accompanying schedules or statements, have been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

Signature & Title	_Date	

INSTRUCTIONS FOR FILING CITY OF FOLEY TAX RETURN

Enter gross receipts (both cash/credit, nontaxable/taxable.

Column A

Email_

Column B	Enter to	Enter total deductions from Standard Deduction Summary Table below.											
Column C	Enter ne	Enter next taxable - Column A (Gross Receipts) less Column B (Total Deductions)											
Column D	Enter ta	Enter tax due for each tax type by multiplying tax rate by Column C (Net Taxable)											
Column E	Enter pe	Enter penalty for late <u>FILE</u> (See below for penalty worksheet) if delinquent.											
Column F	Enter pe	Enter penalty for late <u>PAY</u> (See below for penalty worksheet) if delinquent.											
Column G	Enter a	Enter amount due for tax type: Add Columns D (Tax Due), E (Penalty) and F (Penalty).											
Total Amount Due	Add all	amounts in C	Column G (A	mount	Due)	and place re	sults on the	"Total Amo	unt Due" line.				
Penalty Wo	rksheet - Lo	ate FILE (Co	<u>lumn E)</u>			Penalty \	Norksheet -	Late PAY (Co	olumn F)				
1. Tax Amount						1. Tax Amount							
2. Line 1 x 10% or \$	\$50,				2. 1	Line 1 x 10%							
(whichever is greater)													
****		·			1			-					
***The City of Foley	optea <u>not</u> t	o access inte	rest. Most r	municipo	alitie.	s assess inte	rest.						
		Stan	doud Dodge	tion C		m. Tabla							
(Summary	below must	t be complete	dard Deduct ed to corresi			-	ns on front c	of Tax Repor	t)				
(====,						Sales to	, , , , ,	·	,				
	Wholesale	Auto/Mech	Labor/Non Taxable	Sales/D Outsi		Government or Its	Sales of Gas	Other Allowable	Total				
Type of Tax	Sales	Trade-Ins	Service	Jurisdic	tion	Agencies	or Lube Oils	Deductions	Deductions				
				+									
			<u> </u>	<u> </u>									
Total Deductions:		_											
To avoid the applicate following the period		•	•		-	•							
A remittance for the	total amou	nt due made	payable to	the tax	juris	diction must	be submitte	d with this r	eport.				
This report should b filing frequency.	e submitted	on a monthl	y basis unle.	ss you h	iave i	requested ar	nd been appi	roved for a a	lifferent				
Any credit for prior of	overpaymen	t must be ap	proved in a	dvance i	by th	e taxing juris	sdiction.						
No replicated forms	acceptable	except with p	orior approv	al of th	e tax	ing jurisdicti	on.						
ndicate Any Accoun	t Changes B	<u>elow</u>											
Business Name							Phone:						
Contact Person						F	ax:						
Physical Address													
Лailina Address													