



Cigarette/Vapor Tax Return

Account# _____

(Business Name)

(Address)

(City/State/Zip)

(Phone Number)

Report for the month of _____, 20_____.

City Limit Cigarette Packages

Qty	Description	Rate	Total
_____	Cartons of 8 packs -----	\$0.80/Carton	_____
_____	Cartons of 9 packs -----	\$0.90/Carton	_____
_____	Cartons of 10 packs -----	\$1.00/Carton	_____

Police Jurisdiction Cigarette Packages

Qty	Description	Rate	Total
_____	Cartons of 8 packs -----	\$0.40/Carton	_____
_____	Cartons of 9 packs -----	\$0.45/Carton	_____
_____	Cartons of 10 packs -----	\$0.50/Carton	_____

Vapor Tax

Qty (mL)		Rate	
_____	Milliliters sold within City Limits	\$0.04/mL	_____
_____	Milliliters sold within Police Jurisdiction	\$0.02/mL	_____

Total Tax Due _____
Penalty – 10 % after 10th _____
Total Remittance _____

I certify that the foregoing is a true and complete report as stated.

By: _____ Title: _____ Date: _____

Remit to:

City of Fairhope
Revenue Officer
PO Box 429
Fairhope AL 36533

**Please complete Reverse Side

