EFFECTIVE 01/01/07

MUNICIPALITY OF HOOVER, ALABAMA
SELLERS USE TAX REPORT

☐ MONTHLY
☐ QUARTERLY

REPORTING PERIOD _____
(This return only for the business shown below)

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF HOOVER
P.O. BOX 11407
HOOVER, AL 35246-0144
(205) 444-7516
FAX (205) 739-7151

☐ Check here if FIRST return.
☐ Check here if FINAL return.

Tax Category	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable (Column A – Column B)	(D) Tax Rate	(E) Gross Tax Due (Column C x Column D)
GENERAL				3%	
MANUFACTURING				2%	
FARM MACHINERY & EQUIP.				1%	
AUTOMOTIVE				1%	
POLICE JURISDICTION				1-1/2%	
TOTAL COLUMNS					

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.

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.

Phone # _____

Date _____ Title _____

Signature _____

(1) TOTAL TAX DUE (Total of Column E)	
(2) PENALTY (Item 1 x 10%)	
(3) INTEREST (Item 1 x 1% per month delinquent)	
TOTAL AMOUNT DUE & ENCLOSED	

(OVER)

INSTRUCTIONS AND INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to City of Hoover must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the City of Hoover.
- No duplicate or replicated forms acceptable except with prior approval of the City of Hoover.
- Seller must file timely returns, even though no taxes due.

Indicate Any Account Changes Below:

Business Name: _____

Physical Address: _____

Mailing Address: _____

City _____

Ownership _____

Fed I.D.# _____

Phone _____

FAX _____

Contact Person _____