



**MUNICIPALITY OF HOOVER, ALABAMA
CONSUMERS USE TAX REPORT**

MONTHLY
 QUARTERLY

MAIL THIS RETURN WITH REMITTANCE TO :

CITY OF HOOVER

P.O. BOX 11407

HOOVER, AL 35246-0144

(205) 444-7516

FAX (205) 739-7151

REPORTING PERIOD _____

(This return only for the business below)

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 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 *SEE NOTE BELOW	
TOTAL AMOUNT DUE & ENCLOSED	

*Interest through 7/31/2017 – 1% per month delinquent.

Interest after 8/01/2017: The prevailing rate per 26 USC 6621, applied as a daily rate and published by the Alabama Department of Revenue at: <https://revenue.alabama.gov/assessments/quarterly-interest-rates>

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: _____	Ownership _____
Physical Address: _____	Fed I.D.# _____
Mailing Address: _____	Phone _____
City _____	FAX _____
	Contact Person _____