

RETURN DUE ON OR BEFORE  
THE 20<sup>TH</sup> OF EACH MONTH



PO Box 1159 ♦ Orange Beach, AL 36561 ♦ Phone 251-981-6096 ♦ Fax 251-981-2551

### TAX RETURN

Account No. \_\_\_\_\_  
(REQUIRED - 5 Digits)

Reporting Period \_\_\_\_\_  
(REQUIRED)

- Check here for address change
- Check here if this is a FINAL tax return

(This return is only for the business shown below)

Total Amount Remitted

\$ \_\_\_\_\_

Make check payable to:  
CITY OF ORANGE BEACH

Type of Tax	Tax Rate %	(A) Gross Receipts	(B) Total Deduction (see back)	(C) Net Taxable	(D) Tax Due	(E) Plus (+) Penalty	(F) Plus (+) Interest	(G) Amount Due
Sale -General	3.0							
Sale -General P.J.	1.5							
Sale -Automotive	0.5							
Sale -Automotive P.J.	.25							
Sale -Machine/Agriculture	1.0							
Sale -Mach/Agriculture P.J.	.50							
Lodging	10.0							
Lodging P.J.	5.0							
Use -General	3.0							
Use -General P.J.	1.5							
Use -Automotive	0.5							
Use -Automotive P.J.	.25							
Use -Machine/Agriculture	1.0							
Use -Mach/Agriculture P.J.	.50							
Lease -General	3.0							
Lease -General P.J.	1.5							
Lease -Auto/Linens/etc.	1.0							
Lease -Auto/Linens/etc.	.05							
Auto Vehicles Withdrawn No. _____ x \$5.00								

\* P.J. – Police Jurisdiction

**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 complete report for the period stated.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS FOR FILING THE CITY OF ORANGE BEACH TAX RETURN**

- Column A            Enter gross receipts (both cash/credit, nontaxable/ taxable).
- Column B           Enter total deductions from the standard deductions summary table below.
- Column C           Enter net taxable - Column A (Gross Receipts) less Column B (Total Deduction)
- Column D           Enter the tax due for each tax type by multiplying the tax rate by Column C (Net Taxable).
- Column E           Enter penalty (See below for penalty worksheet) if delinquent.
- Column F           Enter interest (See below for interest worksheet) if delinquent.
- Column G           Enter the amount due for tax type: Add Columns D (Tax Due), E (Penalty), and F (Interest)
- Total Amount Due    Add all amounts in Column G (Amount Due) and place results on the "Total Amount Due" line.

<b>Penalty Worksheet</b>	<b>Interest Worksheet</b>
<p><b>Penalty 1 - Failure to Timely File</b></p> <p>1. Tax Amount _____</p> <p>2. Line 1 x 10% or \$50, whichever is greater _____</p> <p><b>Penalty 2 - Failure to Timely Pay</b></p> <p>3. Line 1 x 10% _____</p> <p><b>Total Penalty – Add Penalties 1 and 2 together</b></p> <p>4. Add lines 2 and 3 _____</p>	<p align="center"><b>Interest Calculation</b></p> <p>1. Use the current interest rate established by 26 USC 6621. The rate can be found at: <a href="https://revenue.alabama.gov/salestax/interest.cfm">https://revenue.alabama.gov/salestax/interest.cfm</a></p> <p>2. Take the interest rate ___ ÷ 365 = daily interest rate. The daily rate x number of days late x tax = interest due.</p>

**Standard Deduction Summary Table**

*(Summary below must be completed to correspond with total deductions on the front of the Tax Report)*

TYPE OF TAX	WHOLE SALE TAX	AUTO TRADE-INS	LABOR/ NON-TAXABLE SERVICE	SALES DELIVERY OUTSIDE JURISDICTION	SALES TO GOVERNMENT OR ITS AGENCIES	SALES OF GAS OR LUBE OILS	OTHER ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
Total Deductions								

- ❖ To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20<sup>th</sup> of the month following the period for which the report is submitted. The cancellation postmark will determine timely filing.
- ❖ A remittance for the total amount due made payable to the tax jurisdiction 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 taxing jurisdiction.
- ❖ No replicated forms are acceptable except with prior approval of the taxing jurisdiction.

<u>Indicate Any Account Changes Below</u>	
Business Name _____	Phone _____
Contact Person _____	Fax _____
Physical Address _____	
Mailing Address _____	