

CITY OF OXFORD, ALABAMA

Tobacco Tax Return
Revenue Department
P O Box 3383
Oxford, Alabama 36203
(256)831-3183

Company Name: _____

Company Address: _____

Month: _____

Year: _____

Cigarettes: _____ Packs x \$.03 \$ _____

Cigars: _____ x \$.01 \$ _____

Other Products: \$ _____

Total Amount Remitted: \$ _____

This report must be filed in the Revenue Department on or before the 20th day of each month and cover all sales of cigars, cheroots, cigarillos, stogies, smoking tobacco, chewing tobacco, snuff or any substitute thereof, made during the preceding month in the corporate limits of the City of Oxford.

This return must be completed, notarized, and returned, with the total tax remittance attached, on or before the 20th day of the month immediately succeeding the period covered by this tax return.

Signature

Date

Sworn to and subscribed
before me this the ____
day of _____, ____.

Notary Public