CITY OF MONTGOMERY
Mailing Address:
P.O. Box 830469
BIRMINGHAM, AL 35283-0469

Date:_____ City Acct. No.: _____

LODGING TAX REPORT

NAME OF FIRM _____

MAIL ADDRESS _____

LOCAL NAME & ADDRESS _____

FOR MONTH OF _____, 20____

In compliance with Montgomery City Ordinances relating to the collection of Lodging Tax, I,_____ _____certify that the amount of gross receipts received from the renting of rooms to transients in the City of Montgomery at the above location during the calendar month were $ _____ , and that eight and one-half percent (8 1/2 %) tax is due the City of Montgomery on these receipts.

Total Tax Due $ _____

*Discount 3% $ _____

Net Due $_____

Make Checks payable to CITY OF MONTGOMERY

***10% 1st 30 days delinquent, Interest 1% per month**

Due on or before 20th of month following purchases.

***Late filing fee of greater amount of $50 or 10% of tax liability will be assessed in accordance with Ord.# 19-93 for returns filed after the 20th of month following month of collection.**

*3% discount allowed if tax is paid by 20th of following month.

I hereby certify that the foregoing is a full and true report as stated

Firm _____

BY _____

SEBP 8/02