



HOOVER RESIDENTIAL LEASE/RENTAL TAX RETURN

Has a change occurred in Taxpayer Name, Trader Name, Mailing Address or Business Address?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a final return? If yes, attach explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Effective January 1, 1999

**PAY TAXES BEFORE DELINQUENT DATE TO AVOID PENALTIES.
A SEPARATE REPORT MUST BE FILED FOR EACH LOCATION.**

MAKE CHECK PAYABLE TO
CITY OF HOOVER

MAIL THIS RETURN WITH REMITTANCE TO:
CITY OF HOOVER
P.O. BOX 11407
HOOVER, AL 35246-0144
(205) 444-7516
FAX (205) 402-4606

IMPORTANT

This return must be filed and paid semi-annually by January 15th and July 15th of each year to avoid penalties provided by law. Original return must be filed with the City of Hoover.

PAYMENT DUE SEMI-ANNUALLY

6-month period ending (check one) June 30, 20____ December 31, 20____

- 1. GROSS RECEIPTS COLLECTED.....
- 2. AMOUNT OF TAX (1% OF GROSS RENTALS).....
- 3. Add penalty of 10% if not paid within 30 days of beginning period (January 01, 20____) or (July 01, 20____).....
- 4. Add penalty of 20% if not paid within 60 days of beginning period (January 01, 20____) or (July 01, 20____).....
- 5. TOTAL AMOUNT for which remittance is attached.....

\$	

This return, with remittance attached, must be mailed or delivered to the Finance Department, City of Hoover, Alabama, and must reach the Finance Department on or before January 15 and July 15 of each year.

This return, including the accompanying schedules or statements has been examined by me and is, to the best of my knowledge and belief, a true and complete return, made in good faith, for the semi-annual period stated above.

DO NOT USE THIS SPACE		
Balance of Tax		
Penalty		
Total		
Due		
Verified		

This the _____ day of _____ 20____

Signature _____

Title: _____

(State whether individual owner, member of firm, or give title if officer of corporation.)