

# MUNICIPALITY OF HOOVER, ALABAMA LODGINGS TAX REPORT

EFFECTIVE 1/1/2019

MONTHLY



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)

**TOTAL AMOUNT ENCLOSED**

\$	
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Check here if this is a final tax return

Check here if FIRST return

Type of Tax/Tax Area	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable (Column A – Column B)	(D) Tax Rate	(E) Gross Tax Due By Part (Column C x Column D)
<b>LODGINGS TAX</b> 3% OF NET TAXABLE				<b>3%</b>	
<b>PLUS</b>	Gross Number of Room Nights	Exempt Room Nights	Net Number of Room Nights		
<b>\$2.00 Per Room Night</b>				<b>\$2.00</b>	
			<b>(1) TOTAL TAX DUE</b> (Total of Column E)		
			<b>(2) PENALTY</b> (Item 1 x 10%)		
			<b>(3) INTEREST</b> *SEE NOTE BELOW		
			<b>(4) NET TAX DUE</b> (If delinquent, Items 1+2+3)		
			<b>TOTAL AMOUNT DUE &amp; ENCLOSED</b>		

This return must be postmarked by the 20<sup>th</sup> of the month following the reporting period for which you are filing to be considered a timely return. Original return must be filed with the City of Hoover.

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 \_\_\_\_\_

(OVER)

**\*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>

## STANDARD DEDUCTION SUMMARY TABLE

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

TYPE OF TAX								ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
LODGINGS									
TOTAL DEDUCTIONS									

### 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.

### Indicate any Account Changes Below:

Business Name: _____	Phone: _____
Physical Address: _____	Fax: _____
Mailing Address: _____	Contact Person: _____
City: _____	E-mail: _____