



MUNICIPALITY OF HOOVER, ALABAMA SELLERS USE TAX REPORT

EFFECTIVE 10/01/2023

MONTHLY
 QUARTERLY

REPORTING PERIOD _____
 (This return only for the business below)

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

Check here if FIRST return
 Check here if FINAL return

Tax Category	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable (Column A – Column B)	(D) Tax Rate	(E) Gross Tax Due (Column C x Column D)
GENERAL				3.5%	
GROCERY				3.5%	
POLICE JURISDICTION				1.75%	
POLICE JURISDICTION GROCERY				1.75%	
TOTAL COLUMNS					

This return must be postmarked by the 20th of the month following the reporting period for which you are filing to be considered a timely return.

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 _____

(1) TOTAL TAX DUE (Total of Column E)	
(2) PENALTY (Item 1 x 10%)	
(3) INTEREST *SEE NOTE BELOW	
TOTAL AMOUNT DUE & ENCLOSED	

(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>

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.
- Seller must file timely returns, even though no taxes due.

Indicate Any Account Changes Below:

Business Name: _____	Ownership _____
Physical Address: _____	Fed I.D.# _____
Mailing Address: _____	Phone _____
City _____	FAX _____
	Contact Person _____