



# City of Headland

9 Park Street  
Headland, AL 36345  
(334)693-3365 \* (334)693-3846 (FAX)

Tobacco Tax Monthly Return  
Month Of: \_\_\_\_\_

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Tax ID: \_\_\_\_\_

\_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Product Sold	Taxable Units	# of Units Sold	City Corporate Tax Rate	Total Due
Cigars	Each Container		10 cents per	\$
Cigarettes	Each Container		10 cents per	\$
All other forms:	Each Container		10 cents per	\$

Total Tax Due: \$ \_\_\_\_\_

**NOTE: If outside the corporate city limits, but within the police jurisdiction, applicable amounts shall be one half (1/2) the amount levied for sale within the corporate city limits (5 cents).**

Returns due by the 20<sup>th</sup> day of the month following the sales. Please complete and remit payment to:

**City of Headland  
9 Park Street  
Headland, AL 36345**

Contact Name: \_\_\_\_\_

Contact Number: (\_\_\_\_)\_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_