

**TOWN OF SUMMERDALE, ALABAMA
CIGARETTE & TOBACCO PRODUCTS TAX**

REPORTING PERIOD _____

Mail this return with remittance to:
Town of Summerdale
PO Box 148
Summerdale, AL 36580

Total Amount Enclosed

\$ _____

Has a change occurred with your Name, Trade Name, Mailing Address, Business Address, or Number of Outlets? ____ Yes ____ No Is this a Final Return? ____ Yes ____ No If yes, attach explanation. _____.

SALES THIS MONTH: (Pay half if business is not in Town Limits but is in Police Jurisdiction)

_____ packages of cigarettes	@ .10 = _____
_____ packages of 5 cigars	@ .10 = _____
_____ boxes of up to 25 cigars	@ .10 = _____
_____ boxes of 25 to 50 cigars	@ .10 = _____
_____ containers of tobacco	@ .10 = _____
_____ pkgs of chewing tobacco	@ .10 = _____
_____ pkgs of snuff	@ .10 = _____
_____ pkgs of tobacco paper (rolling paper)	@ .10 = _____
TOTAL TAX DUE _____	

Businesses delivered to in Summerdale:

This return 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 time period stated.

This _____ day of _____, 20__

Signature _____

Title _____

