



CITY OF LEEDS

Monthly Occupational Tax Return

1040 Park Drive
LEEDS, AL 35094
PHONE - 205-699-2585 FAX - 205-699-6558

For the Month of : _____ Year _____

January February March April May June

July August September October November December

Gross Payroll	Fee Rate	Fee Due	Penalty & Interest 10% Penalty, 12% interest per annum \$1.00 minimum	Total Fee Due
	1%			
Business Name _____ Account Number _____			Total Taxes Due	

Note: This return must be postmarked by the 20th of the following month to be considered timely and avoid late penalties.

I declare, under penalty of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Signature _____ Date _____

Print Name _____ FEIN _____

Email _____ Telephone _____



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