



CITY OF LEEDS
Monthly Tobacco Tax Return

1400 9th St
Leeds, AL 35094
PHONE - 205-699-2585
E-MAIL CITYHALL@LEEDSALABAMA.GOV

Business Name: _____ Account Number: _____

For the Month of: _____	Year: _____				
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

	Cigars (of any type), sold individually \$0.03/Cigar	Cigars (of any type), sold in a package \$0.10/Pack	Cigarettes \$0.10/Pack	Chewing Tobacco \$0.10/Pack	Snuff Can \$0.10/Can	Smoking Tobacco \$0.10/Pack	Amount Due
Sales							
Tax Due							

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

Penalty & Interest (if applicable)	
Total Amount Due and Enclosed	

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

Signature: _____ Date: _____ FEIN: _____

Print Name: _____ Telephone #: _____ Email: _____



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