# City of Tuscaloosa
## RENTAL LICENSE TAX REPORT

**MAIL THIS RETURN WITH REMITTANCE TO:**

**CITY OF TUSCALOOSA, REVENUE DEPT.**
**P. O. BOX 2089**
**TUSCALOOSA, AL 35403**
**PHONE: (205) 248-5200 FAX: (205) 349-0180**

**INDICATE ANY CHANGE BELOW:**

- ☐ **Sale of Property (see back)**
- ☐ **Change of Location (see back)**
- ☐ **Change of Mailing Address (see back)**
- ☐ **Additional forms needed**

**Reporting Period** _____

| | (A) | (B) | (C) | (D) | (E) |
|---|---|---|---|---|---|
| **Type of Tax/Tax Area** | **Gross Taxable Amount** | **Total Deductions** | **Net Taxable** (Column A - Column B) | **Tax Rate** | **Gross Tax Due** (Column C x Column D) |
| | | | | | |
| **Commercial Rental Tax** | | | | | |
| **City** | | | | **.01** | |
| **Police Jurisdiction*** | | | | **.005** | |
| | | | | | |
| **Residential Rental Tax** | | | | | |
| **City** | | | | **.01** | |
| **Police Jurisdiction*** | | | | **.005** | |
| | | | | | |

This return must be **postmarked** by the **20th** day of the month following the reporting period for which you are filing to be considered a timely return. Failure to file a timely return will result in an assessment of 25% penalty for the first month and 5% each additional month.

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.

| | |
|---|---|
| **(1) Total Tax Due** (Total of Column E) | |
| **(2) Penalty** (line 1 x 25% First Month Delinquent, 5% each additional month) | |
| **(3) Net Tax Due** (Line 1 + 2) | |
| **(4) Credit** (Attach Documentation) | |
| **(5) Total Amount Due & Enclosed** (Line 3 - 4) | |

Printed Name_____ Phone_____

Signature _____ Date _____

*GENERALLY SPEAKING, THE POLICE JURISDICTION IS THE THREE (3) MILE AREA THAT EXTENDS PAST THE CITY LIMITS OF TUSCALOOSA, BUT NOT INTO THE JURISDICTION OF ANOTHER CITY.

| NAME OF COMMERCIAL PROPERTY | ADDRESS OF COMMERCIAL PROPERTY | GROSS RECEIPTS FOR THE PERIOD | | COMMERCIAL DEDUCTION CLAIMED | 1% CITY LIMITS | 1/2 OF 1% POLICE JURISDICTION |
|---|---|---|---|---|---|---|
| | | CITY LIMITS | POLICE JURISDICTION | | | |
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| RESIDENTIAL RENTAL LANDLORD/OWNER | ADDRESS OF PROPERTY & NAME OF APARTMENT | GROSS RECEIPTS FOR THE PERIOD | | | 1% CITY LIMITS | 1/2 OF 1% POLICE JURISDICTION |
|---|---|---|---|---|---|---|
| | | CITY LIMITS | POLICE JURISDICTION | | | |
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## SALE OF RENTAL UNIT/PROPERTY

DATE OF SALE _____

NAME OF PURCHASER _____

ADDRESS OF PURCHASER _____

ADDRESS OF PROPERTY _____