



City of Northport, Alabama
(205) 339-7000

LODGING TAX REPORT

Reporting Period: _____

Taxpayer ID: _____

Name: _____

Address: _____

Phone: _____

MAIL THIS RETURN WITH
REMITTANCE TO:
CITY OF NORTHPORT
ATTN: REVENUE DEPT.
P.O. BOX 569
NORTHPORT, AL 35476

REVENUE@CITYOFNORTHPORT.ORG

TOTAL AMOUNT ENCLOSED:

\$
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Check here if this is a final return

Out of Business Date: _____

	(A)	(B)	(C)	(D)	(E)
TAX AREA	GROSS TAXABLE AMOUNT	TOTAL DEDUCTIONS	NET TAXABLE (Column A – Column B)	TAX RATE	GROSS TAX DUE (Column C x Column D)
City				11%	
Police Jurisdiction				5.50%	

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.

By signing this report, I am certifying that this report has been examined by me and is a true and complete report for the period stated.

Date _____ Title _____

Signature _____

(1)Total Tax Due (Total of Column E)	
(2)Penalty (failure to file 10% OR \$50.00 whichever is greater AND failure to pay 10%)	
(3)Interest (Line 1 x 1% per month delinquent)	
(4)Net Tax Due (Add lines 1, 2 and 3)	
TOTAL AMOUNT DUE	

BY CHECKING THIS BOX, I HEREBY AGREE TO THE FOLLOWING TERMS AND CONDITIONS: The information contained in this document is true and correct and may be relied upon by the City of Northport. By typing my name and by checking this box, this acknowledges that I am bound by this document just as if I had signed the document rather than typed my name to this document.