



**MUNICIPALITY OF HOOVER, ALABAMA  
LODGINGS TAX REPORT**

EFFECTIVE 01/01/00

MONTHLY

MAIL THIS RETURN WITH REMITTANCE TO:

**CITY OF HOOVER**

P.O. BOX 11407  
HOOVER, AL 35246-0144  
(205) 444-7516  
FAX (205) 739-7151

REPORTING PERIOD \_\_\_\_\_

(This return only for the business shown below)

TOTAL AMOUNT ENCLOSED

\$

Check here if this is a final tax return.

Check here if FIRST return.

Type of Tax/Tax Area	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable <small>(Column A - Column B)</small>	(D) Tax Rate	(E) Gross Tax Due <small>(Column C X Column D)</small>
LODGINGS TAX				3%	

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. Original return must be filed with the City of Hoover.

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.

Phone # \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

(1) TOTAL TAX DUE <small>(Total of Column E)</small>	
(2) PENALTY <small>(Item 1 x 10%)</small>	
(3) INTEREST <small>(Item 1 x 1% per month delinquent)</small>	
(4) NET TAX DUE <small>(Items 1 + 2 + 3)</small>	
<b>TOTAL AMOUNT DUE &amp; ENCLOSED</b>	

(OVER)

## STANDARD DEDUCTION SUMMARY TABLE

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

TYPE OF TAX								ALLOWABLE DEDUCTIONS	TOTAL DEDUCTIONS
LODGINGS									
TOTAL DEDUCTIONS									

### INSTRUCTIONS AND INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- To avoid the application of penalty and/or interest amounts, this report must be filed on or before the 20th of the month following the period for which the report is submitted. Cancellation postmark will determine timely filing.
- A remittance for the total amount due made payable to City of Hoover must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the City of Hoover.
- No duplicate or replicated forms acceptable except with prior approval of the City of Hoover.

### Indicate any Account Changes Below:

Business Name: _____	Phone: _____
Physical Address: _____	Fax: _____
Mailing Address: _____	Contact Person: _____
City: _____	E-mail: _____