

Tobacco Tax Department
1150 Government Street #112
Mobile, AL 36604

Tobacco Wholesale Distributor Monthly Report

Business Name: _____ Date: _____
Business DBA: _____ Account #: _____
Street Address: _____ Phone: _____
_____ Contact: _____

Cigarette Stamps

Month: _____ Year: _____

- *1. Value of Stamps on Hand (unused) First Day of Month _____
*2. Value of Stamps Purchased During the Month _____
****NOTE: Lines 1 & 2 include County and County portion of Combo Stamp ONLY**
3. Total _____
4. Stamps used this month _____
5. Total Tax Value of Stamps on Hand End of Month _____

Other Tobacco Products (OTP)

	<u>Quantity</u>	<u>Rate</u>	<u>Tax Amount</u>
Cigars:	_____	_____	_____
Little Cigars:	_____	_____	_____
*Papers:	_____	_____	_____
*Tobacco:	_____	_____	_____
* Papers includes but not limited to Cones, Rolling Tubes, Wraps			
* Tobacco includes but is not limited to Chewing, Hookah, Smoking, Snuff.			
OTP Tax Due >>			_____

Late or Delinquent Payments

20% Late Penalty: _____

Total Due: _____

Report Submission

1. Attach copies of Invoices and/or Receipts for the month covered to this report.
2. Certify by checking the box and completing the Certification section below.
3. MAKE ALL CHECKS PAYABLE TO: MOBILE COUNTY
4. Mail Report and supporting details with payment to: _____ ➔

**Zero Reports may be emailed: TobaccoTax@mobilecountyal.gov

Mobile County Tobacco Tax
1150 Government Street #112
Mobile, AL 36604

Certification

☐ I hereby certify, by signing below, that this report has been examined by me
and is to the best of my knowledge and belief, a true and complete report

Print Name _____

Title _____

Phone _____

Signature _____

Email _____

Date _____