

MORGAN COUNTY CONSUMER USE TAX APPLICATION
AND INFORMATION FORM
(CONFIDENTIAL)

MAIL TO: MORGAN COUNTY SALES TAX OFFICE PHONE: (256) 351-4618
P.O. BOX 1848
DECATUR, AL 35602

ACCOUNT NUMBER: _____ (THIS IS ASSIGNED BY OUR OFFICE)

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

LOCATION OF BUSINESS: _____
STREET CITY STATE ZIP

MAILING ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE () BUSINESS/HOME FAX

MANAGER'S OR OWNER'S NAME: _____
FEIN# or SSN#: _____

CONTACT PERSON FOR TAX QUESTIONS: _____

EMAIL ADDRESS: _____

ALL AREAS OF THE COUNTY HAVE A 1% CONSUMER USE TAX!

- UNINCORPORATED AREA OR MORGAN COUNTY
- DECATUR (INSIDE THE CORPORATE LIMITS)
- HARTSELLE (INSIDE THE CORPORATE LIMITS)
- FALKVILLE (INSIDE THE CORPORATE LIMITS)
- TRINITY (INSIDE THE CORPORATE LIMITS)
- PRICEVILLE (INSIDE THE CORPORATE LIMITS)
- SOMERVILLE (INSIDE THE CORPORATE LIMITS)
- EVA (INSIDE THE CORPORATE LIMITS)

I AFFIRM UNDER THE PENALTY OF PERJURY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

THIS BUSINESS REQUESTS TO FILE: MONTHLY _____, QUARTERLY _____, ANNUAL RETURN (IF UNDER \$600.00 TAX) _____.

DATE _____ SIGNATURE: _____

TITLE: _____

BUSINESS START DATE: _____

IMPORTANT RETURN TO SALES TAX OFFICE WITHIN 10 DAYS
OR ATTACHED TO YOUR FIRST RETURN