

**CITY OF HARTSELLE, ALABAMA
TAX APPLICATION
AND INFORMATION FORM
(CONFIDENTIAL)**

MAIL TO:

City of Hartselle, Alabama
P. O. Box 2028
Decatur, AL 35602

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

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

LOCATION OF BUSINESS: _____

MAILING ADDRESS: _____

TELEPHONE () _____

MANAGER'S or OWNER'S NAME: _____

CONTACT PERSON FOR TAX QUESTIONS: _____

EMAIL ADDRESS: _____

DO YOU HAVE A PHYSICAL BUSINESS LOCATED WITHIN THE CORPORATE LIMITS OF HARTSELLE? YES _____ NO _____

DO YOU HAVE SALES IN THE CITY OF HARTSELLE? YES _____ NO _____

SALES TAX.....	_____	YES	NO
SELLERS USE TAX	_____		
CONSUMER'S USE TAX.....	_____		
RENTAL & LEASING TAX	_____		
LODGING TAX	_____		
TOBACCO TAX	_____		
GASOLINE / MOTOR FUEL	_____		

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

DATE _____ SIGNATURE: _____

TITLE: _____

BUSINESS START DATE: _____

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

City of Hartselle
PO BOX 2028
Decatur AL 35602

(256)351-4619 Telephone Number
(256)351-4708 Fax Number

Dear Business:

Effective August 1, 2011 the city of Hartselle sales /sellers use / rental / lease / tobacco lodging tax will be collected by the Morgan County Commission.

Enclosed you will find an application and information package to get you started so that you can remit your Hartselle City Taxes. Please fill out the application and return as soon as possible with your remittance of the sales tax collected.

If you have any questions or problems please feel free to contact our office immediately.

Sincerely yours,



Michelle Echols
Sales Tax Director

HARTSELLE, ALABAMA
SALES / SELLERS USE / CONSUMER'S USE / RENTAL & LEASING TAX REPORT
LODGINGS TAX, TOBACCO TAX, & GASOLINE TAX

MAIL THIS RETURN WITH REMITTANCE TO:

THIS RETURN IS TO BE USED BY FIRM LISTED
 Account Number _____
HARTSELLE, ALABAMA
 P. O. BOX 2028
 DECATUR, ALABAMA 35602
 PHONE: (256) 351-4618

TOTAL AMOUNT ENCLOSED

Out of Business
 This return is for the month/year of _____ and must be post marked on or before the 20th day of _____ the month succeeding the month covered by this return, penalty and interest will apply after that date.

Type of Tax / Tax Area	(A) Gross Taxable Amount	(B) Total Deductions	(C) Net Taxable (Column A - Column B)	(D) Tax Rate	(E) Gross Tax Due (Column C x Column D)
SALES/SELLERS USE TAX					
a. Agrn. Auto, Manuf. Rate				0.750%	
b.(1)Auto Dealers only	Demomstrator	Fee/per vehicle	#.of vehicles	\$1.25	
c. Abatements only rate				1.000%	
d. General & Amusement Rate				4.000%	
e. Vending Rate				4.000%	
CONSUMER'S USE TAX	No discount	For timely filing			
a. Agrn. Auto, Manuf. Rate				0.750%	
b. General Rate				4.000%	
RENTAL & LEASING TAX	No discount	For timely filing			
a. Automotive Rate				0.750%	
b. General Rate				3.000%	
c. Linen Rate				3.000%	
LODGINGS TAX					
a. General Rate				5.000%	
TOBACCO TAX	No discount	For timely filing	No of Packages		
Cigarettes,Chewing Tob,Snuff	XXXXXXXXXX	XXXXXXXXXX			
Smoking Tob Pack, Cigars	XXXXXXXXXX	XXXXXXXXXX			8¢/pack
Each Rolling Papers Pack	XXXXXXXXXX	XXXXXXXXXX			
Little Cigars	XXXXXXXXXX	XXXXXXXXXX			6¢/pack
GASOLINE/MOTOR FUEL TAX (gas,diesel,&aviation)	No discount	For timely filing	Gallons		
a. General Rate	XXXXXXXXXX	XXXXXXXXXX			2¢/gal

THERE IS A \$400.00 CAP ON DISCOUNT

Discount - if paid on time
 Sales & sellers use, & Lodging taxes only
 5% on \$100 or less in tax ---
 2% on tax over \$100, if any-
 Total Discount -----

This has been examined by me and is to the best of my knowledge and belief a true and complete return, made in good faith, for the month stated.

SIGNED _____

DATE _____

HARTSELLE FORM (8/01/2011)

(1) TAX DUE (Column E sales & sellers use & Lodging taxes only)	
(2) TAX DUE (Column E consumers use, rental & leasing, & tobacco)	
(3) PENALTY (Item (1+2) x 10.0%)	
(4) INTEREST (Item (1+2) x 1.00% per month delinquent)	
(5) TAX DUE (Column E gasoline,motor fuel)	
(6) PENALTY (gasoline/motor fuel if submitted late 20%)	
(7) DISCOUNT (Sales & Sellers Use, & Lodging only) (If submitted prior to filing deadline)	
(1) TOTAL TAX DUE (Items (1+2+5) - Item 7 if timely) (If delinquent items 1+2+3+4+5+6)	

HOW TO FILE:



1. Click **SETUP NEW ACCOUNT**
2. Enter information, click **SAVE**
3. Click **SETUP COMPANY**



1. Account Verification: Enter your Fed ID# or SSN, Enter FA Issued ID (**NOT REQUIRED**)
2. Click **CONTINUE** (you will be taken to the Company Information Page)
3. Enter information (*fields in bold are required*)
4. **CHECK THE BOX** next to **PLEASE ADD ME AS A USER FOR THIS COMPANY**
5. Click **NEXT** (if you need to add additional users, fill in user data and click **SAVE**)
6. Click **FINISH** (you will be taken to the Welcome Page; if you wish to setup more than one company, click **SETUP COMPANY**)
7. Click **FILE NEW**



1. Verify Information, click **CONTINUE**
2. Select Filing Period, click **CONTINUE**
3. Select Jurisdiction, select Tax Type, Rate Code
Click **ADD ITEM** (continue this process until all jurisdictions, types, and codes are added)
4. Enter Gross Sales Amount and Deductions in the appropriate fields, click **CONTINUE**
5. Review information, if everything is correct click **SUBMIT** (if any problems, click **BACK**)
6. Payment Gateway: select method of payment and enter required information, click **PAY**

morgancounty.alagov.com

City of Hartselle, Alabama
Tax Department
P. O. Box 2028
Decatur, AL 35602

PHONE (256) 351-4618

CHANGE OF ADDRESS FORM

BUSINESS ACCOUNT NUMBER: _____

BUSINESS NAME: _____

OLD MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

NEW ADDRESS INFORMATION

BUSINESS NAME: _____

NEW MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

NEW PHONE NUMBER: AREA CODE ____ - ____ - _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHYSICAL LOCATION: _____

CITY, STATE, ZIP CODE: _____

OUT-OF-BUSINESS-NOTIFICATION

DATE OF BUSINESS CLOSING / BUSINESS SOLD (IF APPLICABLE) _____

SOLD TO / IF APPLICABLE _____

NEW OWNERS MAILING ADDRESS: _____

NEW OWNERS CITY, STATE, ZIP CODE: _____

NEW OWNERS PHONE NUMBER: AREA CODE ____ - ____ - _____

Signature _____ Date _____