

TOWN OF FALKVILLE SALES/SELLERS USE/CONSUMER'S USE/RENTAL & LEASING
TAX APPLICATION
AND INFORMATION FORM
(CONFIDENTIAL)

MAIL TO: TOWN OF FALKVILLE
P.O. BOX 434
DECATUR, AL 35602

PHONE: (256) 351- 4618

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: _____

DO YOU HAVE A PHYSICAL BUSINESS LOCATED IN THE CORPORATE LIMITS OF
FALKVILLE?

YES NO

DO YOU DELIVER INTO THE TOWN OF FALKVILLE?

YES NO

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**

TOWN OF FALKVILLE

P.O. BOX 434

DECATUR, AL 35602

(256) 351-4618

DEAR BUSINESS:

EFFECTIVE AS OF DECEMBER 1, 2013, THE TOWN OF FALKVILLE SALES / SELLERS USE / RENTAL & LEASING TAX WILL BE COLLECTED BY THE MORGAN COUNTY SALES TAX OFFICE.

ENCLOSED YOU WILL FIND AN APPLICATION AND INFORMATION PACKAGE TO GET YOU SET UP AND ABLE TO REMIT YOUR TAXES FOR THE TOWN OF FALKVILLE.

PLEASE FILL OUT THE APPLICATION AND RETURN AS SOON AS POSSIBLE WITH YOUR REMITTANCE OF THE SALES TAX FOR FALKVILLE.

THIS IS A SEPARATE TAX FROM THE MORGAN COUNTY TAX AND:
MUST BE REMITTED SEPERATELY!

IF YOU HAVE A PROBLEM WITH, OR NEED ADDITIONAL ASSISTANCE, PLEASE FEEL FREE TO CONTACT OUR OFFICE IMMEDIATELY.

SINCERELY YOURS,

MICHELLE ECHOLS
DIRECTOR OF SALES TAX
MORGAN COUNTY

TOWN OF FALKVILLE, ALABAMA
SALES / SELLERS USE / CONSUMER'S USE / RENTAL & LEASING TAX REPORT
 MAIL THIS RETURN WITH REMITTANCE TO:

THIS RETURN IS TO BE USED BY FIRM LISTED
 Account Number _____

TOWN OF FALKVILLE
 P.O. BOX 434
 DECATUR, ALABAMA 35602
 PHONE: (256) 351- 4618
TOTAL AMOUNT ENCLOSED

Out of Business

This return is for the month/year of _____ and must reach the sales tax office on or before the 20th day of the month succeeding the month covered by this return.

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. Auto				.75%	
b. Mfg. Machine				.75%	
c. Farm & Mfg. Machine				4.00%	
d. General				4.00%	
e. Vend Food Sales Tax Only				4.00%	
f. Auto W/D Fee Only				\$5.00/Vehicle	
CONSUMER'S USE TAX	*****	*****NO	DISCOUNT***	*****	*****
a. Auto				.75%	
b. Mfg. Machine				.75%	
c. Farm & Mfg. Machine				4.00%	
d. General				4.00%	
RENTAL & LEASING TAX	*****	*****NO	DISCOUNT***	*****	*****
a. Auto				.75%	
b. General				4.00%	
c. Linen				4.00%	
POLICE JURISDICTION	*****	*****	*****	*****	*****
SALES & SELLERS USE TAX					
a. Auto				.375%	
b. Mfg. Machine				.375%	
c. Farm & Mfg. Machine				2.00%	
d. General				2.00%	
e. Vend Food Sales Tax Only				2.00%	
f. Auto W/D Fee Only				\$2.50/Vehicle	
CONSUMER USE TAX	*****	*****NO	DISCOUNT***	*****	*****
a. Auto				.375%	
b. Mfg. Machine				.375%	
c. Farm & Mfg. Machine				2.00%	
d. General				2.00%	

Discount - if paid on time

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 _____

(1) TOTAL TAX DUE (Total of Column E)	
(2) PENALTY (Item 1 x 10.0%)	
(3) INTEREST (Item 1 x 1.00% per month delinquent)	
(4) DISCOUNT (If submitted prior to filing deadline)	
(5) TOTAL TAX DUE (Item 1 - Item 4; if delinquent Items 1+2+3)	

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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 _____ - _____ - _____

EMAIL ADDRESS: _____

SIGNATURE _____ DATE _____