

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

MAIL TO: TOWN OF TRINITY
P.O. BOX 302
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 TRINITY?
YES _____ NO _____

DO YOU DELIVER INTO THE TOWN OF TRINITY?
YES _____ NO _____

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

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 TRINITY
P.O. BOX 302
DECATUR, AL 35602

(256) 351-4618

DEAR BUSINESS:

EFFECTIVE MAY 1, 2014 THE GENERAL RATE FOR THE TOWN OF TRINITY INCREASED FROM 3% TO 4%.
EFFECTIVE AS OF AUGUST 1, 2002, THE TOWN OF TRINITY SALES / SELLERS USE /
RENTAL & LEASING TAX WILL BE COLLECTED BY THE MORGAN COUNTY
COMMISSION.

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

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

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, SALES TAX

**TOWN OF TRINITY
P.O. BOX 302
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 _____