

CITY OF HUNTSVILLE, ALABAMA

ANNUAL PRIVILEGE LICENSE TAX RETURN

FOR OFFICE USE ONLY

CITY OF HUNTSVILLE TAXPAYER ID # _____ LOCATION _____

FORM OF OWNERSHIP: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP
 LLC LLP PRIVATE CORPORATION PROFESSIONAL ASSC.

TAXPAYER NAME (OWNING ENTITY) _____

DOING BUSINESS AS (DBA) _____

PERSON RESPONSIBLE FOR LICENSE _____ PHONE (____) _____

MAILING ADDRESS _____ UNIT / SUITE _____

CITY _____ STATE _____ ZIP _____ +4 _____

LOCATION ADDRESS _____ UNIT / SUITE _____

CITY _____ STATE _____ ZIP _____ +4 _____ PHONE (____) _____

FEDERAL TAX ID# _____ DATE BUSINESS BEGAN _____ DATE APPLIED _____

TYPE OF BUSINESS _____

TYPE OF PRODUCT _____

SEE MUNICIPAL CODE FOR SCHEDULE NUMBERS, LICENSE FEES, LATE FEES, AND COMPUTATIONS.

| GROSS RECEIPTS AND/OR COMPUTATION PER SCHEDULE: | | | AMOUNT DUE PER SCHEDULE |
|---|------------------|----------|-------------------------|
| SCH# _____ | NAICS CODE _____ | \$ _____ | \$ _____ |
| SCH# _____ | NAICS CODE _____ | \$ _____ | \$ _____ |
| SCH# _____ | NAICS CODE _____ | \$ _____ | \$ _____ |
| SCH# _____ | NAICS CODE _____ | \$ _____ | \$ _____ |
| SCH# _____ | NAICS CODE _____ | \$ _____ | \$ _____ |
| SCH# _____ | NAICS CODE _____ | \$ _____ | \$ _____ |
| SUB TOTAL DUE | | | \$ _____ |

USE THIS SPACE FOR ADJUSTMENT COMPUTATION ONLY:

| | | | | |
|--------------------------|------------|----------|--|----------|
| YEAR _____ | SCH# _____ | \$ _____ | | \$ _____ |
| YEAR _____ | SCH# _____ | \$ _____ | | \$ _____ |
| YEAR _____ | SCH# _____ | \$ _____ | | \$ _____ |
| YEAR _____ | SCH# _____ | \$ _____ | | \$ _____ |
| ADJUSTMENT SUB TOTAL +/- | | | | \$ _____ |

PENALTY COMPUTATION

1st 30 days penalty is 15% of the license fee
 (State Code 11-51-93)

After 30 days the penalty is 30% of the license fee
 (State Code 11-51-93)

| | | |
|--|---------------------------------|-----------------|
| | TOTAL TAX DUE | \$ _____ |
| | INTEREST(CALL FOR CURRENT RATE) | \$ _____ |
| | PENALTY(SEE BOX ON LEFT) | \$ _____ |
| | ISSUING FEE | \$ 10.00 |
| | TOTAL AMOUNT DUE | \$ _____ |

I swear and affirm that the above is a true and correct statement to the best of my knowledge and belief. **THIS FORM MUST BE SIGNED.**

DATE _____ SIGNATURE _____ TITLE _____

MAIL TO: CITY CLERK-TREASURER, P.O. BOX 308, HUNTSVILLE, AL., 35804-0308

BRING TO: CITY MUNICIPAL BUILDING, 3RD FLOOR, 308 FOUNTAIN CIRCLE, HUNTSVILLE, AL 35801

TELEPHONE (256) 427-5082

(RENEWALS ARE DUE AND PAYABLE ON JANUARY 1, AND DELINQUENT AFTER JANUARY 31 OF EACH YEAR.)