

The Town of Summerdale

502 W. Lee Avenue
Summerdale, AL 36580
(251) 989-6202
(251)989-7447 (fax)

Monthly Lodging Tax Return

Required by Ordinance No. 559-15, Approved May 11, 2015, Amended November 9, 2015

Tax Period: _____, 20____

Name of Business _____

Business Address _____

Mailing Address _____

City/State/Zip _____

Phone _____

Fax _____

Contact _____

MAIL THIS RETURN WITH REMITTANCE TO:

Town of Summerdale
Attn: Revenue Department
502 W Lee Avenue
Summerdale, AL 36580

Lodging Tax

Gross Receipts received during the month \$ _____

Multiply by 4% Lodging Tax Rate
(2% in Police Jurisdiction) \$ _____

Penalty: \$50 or 10% of Tax due,
whichever is greater (if paid after the 20th) \$ _____

Interest: 1% of Tax due (if paid after the 20th) \$ _____

Discount for Timely Payment
Paid on or before the 20th day of the Month
(5% on tax of \$100 or less or 2% on tax in excess of \$100) \$ _____

Total Lodging Tax Due and Enclosed \$ _____

This Lodging Tax Return Form with remittance attached must be returned to the Town of Summerdale, Alabama on or before the 20th day of the month for the proceeding month's taxes.

Under the penalty of perjury, I declare that this Lodging Tax Return, including any accompanying schedules or statements has been examined by me and is to the best of my knowledge and belief a true, correct and complete return made in good faith, for the month stated pursuant to the provisions of Ordinance 559-15, approved May11, 2015.

This _____ day of _____, 20____.

Signature

Title