



City of Thomasville, AL
Food & Beverage Tax Return
Remit To:
Tax Division
P.O. Box 830725
Birmingham, AL 35283-0725
(800) 556-7274

<p>Amount of Check Enclosed:</p> <p>\$ _____</p> <p>Mail by the 15th, Delinquent after the 20th Please do not staple checks to form. (Make Check Payable To: Tax Trust Account)</p>

RDS Account #:

<p>Please Mark the Period you are Filing on This Return. Filing for Tax Period :</p> <p><input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Year: 20_____</p>
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—USE THIS FORM FOR TAX PERIODS AUGUST 2010 AND FOLLOWING.—

The City of Thomasville levies an additional 1% license or privilege tax on food service establishments. The license or privilege tax is equal to one (1%) percent of the gross income of sales (at retail) of food, refreshments or beverages sold for consumption, which requires a Board of Health permit. Tax levied is due and payable on or before the 20th of the month for the preceding month's report of income. Any person who fails to comply with the provisions of this levy shall, upon conviction, be punished by a fine not less than \$1.00 and no more than \$500.00. In addition, such person may be sentenced to jail or hard labor for the City of Thomasville, AL for a period not to exceed six (6) months. Each violation shall be deemed a separate offense.

Instructions: Multiply Gross Income by the applicable tax rate to calculate the net tax due.

Jur Code	Jurisdiction Name	Tax Type Code	Tax Rate Code	Gross Income	Tax Rate	Net Tax Due
9405	Thomasville	45	11 Food and Beverages	\$	1%	\$
Total Due						
*Please see Thomasville Alcohol Beverage Tax form to remit the additional 1% Tax due for the Sale of Beer, Wine, and other Alcoholic Beverages. Form is available at revds.com.						

I declare, under penalties of perjury, that this return (and any accompanying schedules) has been examined by me and to the best of my knowledge is true, correct and complete.

Taxpayer's Signature _____ Date: _____ FEIN: _____

Print Taxpayer's Name: _____ Telephone: _____

Paid Preparer's Signature _____ Print Paid Preparer's Name _____

FORM DISCLAIMER: Please note that the administration and rate changes on the RDS Advisory and RDS tax forms are updated once the required information has been received, verified, and validated in compliance with RDS policy. Any information received before or after the publication of an RDS Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. RDS is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current RDS administration and/or rate information provided, please visit our website at www.revds.com.

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.