

City of *Chelsea*

MAYOR
 TONY H. PICKLESIMER
 CITY CLERK
 CRYSTAL ETHEREDGE
 CITY TREASURER
 LORI KING

COUNCIL
 TIFFANY BITTNER
 DAVID INGRAM
 CASEY MORRIS
 CODY SUMNERS
 SCOTT L. WEYGAND

...it's all about family!

LODGING TAX RETURN

MONTH: _____

NAME:	ADDRESS:	
(A) Gross Taxable Amount	(B) Tax Rate	(C) Tax Due (Column A x Column B)
\$.06	\$
INDICATE ANY CHANGE(S): <input type="checkbox"/> <i>Out of Business</i> <input type="checkbox"/> <i>Change of Ownership</i> <input type="checkbox"/> <i>Change of Address</i> Please make check payable to: CITY OF CHELSEA	(1) Tax Due <i>(Total from Column C)</i>	
	(2) Penalty <i>(Line 1 x 10%)</i>	
	(3) Interest <i>(Line 1 x 1% each month delinquent)</i>	
	TOTAL RENTAL TAX DUE	\$

This return must be postmarked by the 20th day of the month following the reporting period for which you are filing to be considered as a timely return. Failure to file a timely return will result in an assessment of 10% penalty and interest of 1% per month. Any questions, please contact Crystal Etheredge at (205)678-8455, Extension 3.

By signing this report I am certifying that the report, including any accompanying documentation has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period specified.

Printed Name: _____

Signature: _____

Date: _____ Phone #: _____

11611 CHELSEA ROAD • P.O. BOX 111 • CHELSEA, ALABAMA 35043

MAYOR: (205) 678-7260 • CITY HALL (205) 678-8455

FAX: (205) 677-2040