

CITY OF GREENVILLE, ALABAMA

Leasing or Rental Tangible Personal Property

Required by Ordinance 1988-04
Effective June 1, 1988

PERIOD: For the Month of _____ **Year** _____

Name of Company _____

State Tax Number _____

If this report covers more than one location, the schedule of locations on back of this form must be completed.

DIRECTIONS: Use Column A for reporting gross receipts from leasing of automotive vehicles, truck trailers, semi-trailers and house trailers. Use Column B for reporting gross receipts from rental of all other tangible personal property.

		COLUMN A (1%) AUTOMOTIVE VEHICLES, EXT.		COLUMN B (2%)
1. (a) Gross receipts from leasing automotive vehicles, truck-trailers, semi-trailers & house trailers				
(b) Gross receipts from leasing all other tangible personal property				
(c) Total collections made during month on credit leasing or rental heretofore claimed as deductions on automotive vehicles, truck-trailers, semi-trailers & house trailers and on other tangible personal property				
2. TOTALS				
3. DEDUCTIONS:				
(a) Leases for releasing				
(b) Taxable credit leasing made during month not collected				
(c) Other allowed deductions (Explain fully on reverse side)				
4. TOTAL OF DEDUCTIONS (Total of idem 3A-3C)				
5. AMOUNT REMAINING AS MEASURE OF TAX				
6. AMOUNT OF TAX – COLUMN A 1%; COLUMN B 2%				
7. TOTAL TAX (Total of Item 6, Column A & B)				
8. ADD PENALTY OF 10% PLUS INTEREST OF 1% PER MONTH IF NOT PAID BY 20th OF MONTH				
9. TOTAL AMOUNT FOR WHICH REMITTANCE IS ATTACHED				

This return with remittance attached must be mailed to the City Clerk, City of Greenville, P.O. Box 158, Greenville, Alabama 36037, on or before the 20th day of the month succeeding the period covered by this return.

This return, including the accompanying schedules or statements has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith, for the period stated.

This _____ day of _____

By: _____
Title: _____

SCHEDULE OF LOCATIONS

Trade name or Branch No.	Street Address or Mailing	Total Gross Proceeds For the Period	Deductions Claimed (Listed Below)	Total Amount Remaining as Measure of
TOTALS				

OTHER ALLOWABLE DEDUCTIONS & EXCLUSIONS

Customer Account Number	Customer Name	Address	Total of Customer
TOTAL AMOUNT OF DEDUCTIONS CLAIMED			

**CITY OF GREENVILLE
P.O. BOX 158
GREENVILLE, AL. 36037
1-334-382-2647**