CITY OF SHEFFIELD

P. O. DRAWER Q SHEFFIELD, AL 35660 PHONE: 256-383-0250

LOCAL LODGING TAX RETURN FOR THE MONTH OF

	, 20_	
NAME OF BUSINESS:		
BUSINESS ADDRESS:		
BUSINESS CLASSIFICATION: Motel Hotel TYPE OF BUSINESS: Corporation Partnership	el Tourist Home _ p Sole Proprietor _	
NAME OF PARENT CORPORATION:		
This return with remittance must be submitted in Alabama, 35660, and must be delivered or post marked on The Return, including the accompanying schedule knowledge and belief a true and complete return made in go License Ordinance, Section 96 adopted 2nd day of January day of November, 2000.	or before the 20th day of the es or statements, has been out faith for the month state	examined by me and is to the best of my ed in compliance with the Privilege
	This	day of 20
	(State Title of Owne	r, Officer or Member of Corporation)