

## Monthly Vapor Products Tax Reporting Form For Wholesalers & Distributors

Busii	Business Name						RBC Taxpayer ID number			
Addr	ess									
Phone Email _								· · · · · · · · · · · · · · · · · · ·		
Mont	h & Year Rep	orting			<del></del>					
(This will be	form along with e added to total	payment must be re balance due. If you	eceived and/ do not have	or postma	arked by the 20 <sup>th</sup> day o to report for the period	of the month. It d, you must su	f not rece bmit a fo	ived when du m with 0 milli	e, a 20% penalty liters and \$0.00.)	
Т			In C X \$0.		In P.J. X \$0.05	Penalty X 0.2 (20%)		Total Due to Rainbow City		
	Business delivered to			Address			Phone Number		Total mL delivered	
1										
2										
3										
4										
5										
her	eby certify tha	t the above listed	information	ı is a true	e and correct staten	nent of busin	ess tran	sacted and	tax due.	
Official Signature				Title			Date			
Remit payment & report to: The City of Rainbow City Attn: Revenue Department OR  3700 Rainbow Drive  revenue@rhcalabama.com										

Please call 256-413-1211 or email revenue@rbcalabama.com with any questions you may have.

Rainbow City, AL 35906