



RAINBOW CITY
ALABAMA

Monthly Vapor Products Tax Reporting Form

Business Name _____ RBC Taxpayer ID number _____

Address _____

Phone _____ Email _____

Month & Year Reporting _____

(This form along with payment must be received and/or postmarked by the 20th day of the month. If not received when due, a 20% penalty will be added to total balance due. If you do not have anything to report for the period, you must submit a form with 0 milliliters and \$0.00.)

Total mL sold in City	Total mL sold in P.J.	In City X \$0.10	In P.J. X \$0.05	Penalty X 0.2 (20%)	Total Due to Rainbow City

Please provide a copy of the invoice(s) from manufacturer(s) and/or distributor(s) in which you purchased consumable vapor products during the reporting period or provide information below.

	Distributor and/or Manufacturer	Address	Phone Number	Milliliters purchased
1				
2				
3				
4				
5				

I hereby certify that the above listed information is a true and correct statement of business transacted and tax due.

Official Signature _____ Title _____ Date _____

Remit payment & report to: The City of Rainbow City
Attn: Revenue Department
3700 Rainbow Drive
Rainbow City, AL 35906

OR

Completed forms with zero balance due can be emailed to:
revenue@rbcalabama.com

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