City of Calera

REVENUE OFFICE TAX APPLICATION

7901 HWY 31 CALERA, AL 35040 • 205-668-3899 • REVENUE@CALERA.ORG

1. **Check the taxes for which you are liable:**

☐ Sales Tax ☐ Rental Tax ☐ Sellers &/or Consumer Use Tax ☐ Lodging Tax

Reason for application: ☐ New Application ☐ Re-opening Existing Business ☐ Update: Date of Change ___/___/____

2. **Describe the products being sold:** _____

3. **Business Information**

Legal Name:

Doing Business As:

Mailing Address:

City: State: Zip Code:

Person of Contact: Phone Number:

Physical Address (if different) City: State: Zip: Code

Email Address:

Business Phone:

Does a third party (CPA, Accountant, Bookkeeper) file your sales / use/lodging/rental taxes. ☐ Yes ☐ No

If yes, please complete the information below:

Third Party

Third Party Address

City: State: Zip Code:

Third Party Phone Number:

Third Party Email Address:

4. **Federal Tax ID # or Social Security #** _____

5. **Alabama Sales & Use Tax #** _____

6. **Type of Ownership:**

☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Professional Association ☐ Limited Liability Company ☐ Other

7. **Nature of Business:**

☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Both Wholesale and Retail ☐ Service ☐ Contractor

☐ Delivery Only ☐ Other

8. **If you deliver goods into Calera, is the delivery of goods by:** ☐ Common Carrier ☐ Own Vehicle

City of Calera

REVENUE OFFICE TAX APPLICATION

CONTINUED

9. Identify current owners, partners, corporate officers, or members (attach additional sheet if needed)

Name: Title: Social Security # Home Phone:

Home Address: City: State: Zip Code: Email Address:

Name: Title: Social Security # Home Phone:

Home Address: City: State: Zip Code: Email Address:

10. Has applicant ever been registered for any Calera business taxes? Yes No
If yes, list the tax type and provide account numbers:

Tax Type Account Number Tax Type Account Number

11. Date the business began or will begin making retail sales in Calera (Month/Day/Year)_____

Estimated annual Calera gross receipts: _____

12. Name and Address of Former Owner (if applicable):

Name: Business Name:

Phone: Mailing Address: City/State/ Zip Code

NOTE: If tax should be remitted to the city: ATTACH A CHECK TO THIS APPLICATION and indicate on the check which tax you are paying. Make check payable to: City of Calera

Tax Type:	Taxable Sales/Receipts	Tax Due:

12. <u>All applicants must *complete* and *sign* this section.</u>

Printed Name

Signature: Date: