CITY OF BESSEMER
REVENUE DEPARTMENT
1700 3rd AVENUE NORTH
BESSEMER, ALABAMA 35020
PHONE (205) 424-4060 FAX (205) 425-2820

LODGING TAX REMITAL FORM

ACCOUNT NUMBER ____________________________

In compliance with the Revenue Laws of the City of Bessemer, I,

________________________________________  __________________________
NAME TITLE/POSITION

For and in behalf of ______________________________ dba at __________________________

____________________________  __________________________
ADDRESS CITY ZIP

Being the person duly authorized to make such statement, do hereby certify under oath that the gross collections
for rooms rented for the month ending __________, 20 __________, in the City of Bessemer amounted to
$ _______________________________________

The 6% tax on these collections due to the City is $ _________________________

Payment is due by the 20th of the following month. Make all checks/money orders payable to:

"CITY OF BESSEMER"

________________________________________
SIGNATURE

Sworn to and subscribed before me this ______ day of ________, 20 ______, ________

________________________________________
NOTARY PUBLIC