

ACCOUNT NO. _____

EMPLOYERS RETURN OF OCCUPATIONAL TAX WITHHELD

Form P.R.-1

CITY OF BIRMINGHAM, ALABAMA

ORDINANCE NO. 97-184

(INSTRUCTIONS ON REVERSE SIDE)

- * 1. NUMBER OF TAXABLE EMPLOYEES _____ MONTH OF _____
- ** 2. TOTAL SALARIES, WAGES, COMMISSION, AND OTHER COMPENSATION PAID ALL TAXABLE EMPLOYEES \$ _____
- 3. LESS NON-TAXABLE ITEMS (COMPENSATION, PAID FOR SERVICES OUTSIDE OF BIRMINGHAM) _____
(Please Attach Letter of Explanation)
- 4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3) _____
- 5. ACTUAL WITHHELD IN MONTH AT 1% \$ _____
- 6. Add PENALTY for failure to timely file 10% (minimum \$50.00) . \$ _____
Add PENALTY for failure to timely pay 10% (minimum \$3.00) . \$ _____
Add INTEREST of 1% per month \$ _____
TOTAL AMOUNT OF PENALTIES AND INTEREST - Total of Item 6 \$ _____
- 7. TOTAL AMOUNT FOR WHICH REMITTANCE IS ATTACHED \$ _____

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and correct, for the month ending

MONTH _____ YEAR _____

SIGNATURE _____

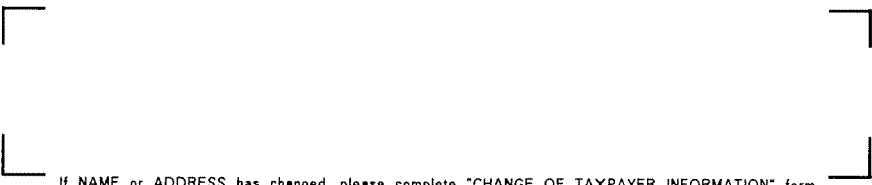
OFFICIAL TITLE _____ DATE _____

A monthly return must be filed on or before the twentieth day of the next month.

Make check or money order payable to:
CITY OF BIRMINGHAM

Mail To:

City of Birmingham
P O Box 830638
Birmingham, Alabama 35283-0638



If NAME or ADDRESS has changed, please complete "CHANGE OF TAXPAYER INFORMATION" form.

- * Number of employees MUST be shown.
- ** If no wages were paid this month, mark "0" and return this form with explanation.

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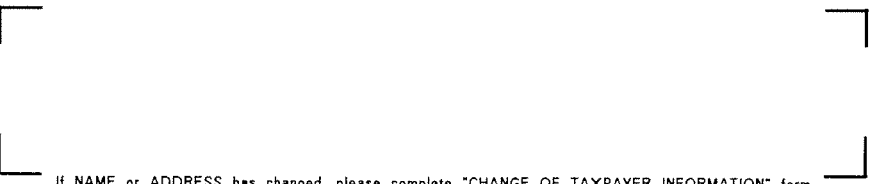
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