



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

OCCUPATIONAL TAX FORM

Tax Payer Bessemer ID # _____

Taxpayer Name: _____

Address: _____

1. Number of taxable employees: _____	Quarter Ending Date _____
2. TOTAL SALARIES, WAGES, COMMISSION AND OTHER COMPENSATION Paid to all taxable employees (***)	\$ _____
3. LESS: Nontaxable items (compensation paid for services outside of Bessemer) Please attach a letter of explanation for un taxable items.	\$ _____
4. TAXABLE EARNINGS (line 1 minus line 2)	\$ _____
5. ACTUAL WITHHELD IN QUARTER AT 1%	\$ _____
6. INTEREST (1 % PER MONTH OF TAX DUE FROM DUE DATE OF THE TAX)	\$ _____
7. PENALTY (10% Of Line 5, tax due, with a minimum of \$3.00 if less is due)	\$ _____
8. TOTAL DUE (Including Interest and Penalty if due)	\$ _____

***** IF NO SALARIES, WAGES, COMMISSIONS, OTHER EARNINGS WERE PAID THIS MONTH
 MARK "NONE" AND RETURN FORM WITH AN EXPLANATION. ALL RETURNS MUST BE MADE
 ON TIME, EVEN ZERO RETURNS OR A PENALTY WILL BE ASSESSED
 MAKE CHECKS OR MONEY ORDERS PAYABLE TO "THE CITY OF BESSEMER"**

**A QUARTERLY RETURN MUST BE FILED AND THE TAX PAID BY THE TWENTIETH (20TH)
 OF THE FIRST MONTH AFTER THE END OF THE CALENDAR QUARTER.**

Each employer of one or more persons must withhold an occupational tax at the rate of one (1) % from all gross salaries, wages, and commissions paid for work or services performed within the City Limits of Bessemer. All employees are subject to the license tax except domestic servants employed in private homes. An employer shall be liable to court action for failure to file a return and / or to pay the tax or for filing fraudulent return.

QUARTER _____ YEAR _____

 SIGNATURE

 OFFICIAL TITLE