Account Number _____

City of Bessemer
Revenue Department
1806 3rd Avenue North
Bessemer, AL 35020
(205) 424-4060 FAX (205) 425-2820

LODGING TAX

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

I, _____, _____,
NAME **TITLE/POSITION**

for and in behalf of _____ at

_____ 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 3% 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 the _____ day of _____, 20___.

_____
NOTARY PUBLIC