

CITY OF PRATTVILLE TAX APPLICATION FORM

RESERVED FOR REVEUE OFFICE ONLY

Taxpayer ID # _____ Date ____ / ____ / ____

Business Name: _____

DBA (if applicable): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Federal ID (FEIN) or Social Security #: _____

Describe Type of Business Activities Engaged In:

How do you deliver your products (Self or Common Carrier): _____

Do you have a salesman calling on customers in Prattville: _____

Sales Tax Type: _____ Sales _____ Use _____ Rental

You Will Report: _____ Monthly _____ Quarterly _____ Annually _____ Semi-Annually _____ Occasionally

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Name: _____ Signature: _____

Title: _____ Date ____ / ____ / ____

RETURN TO: The City of Prattville
Revenue Department
PO Box 680190
Prattville, AL 36068-0190