City of Bessemer
Revenue Department

1806 3RD Avenue North
Bessemer, AL 35020-4999
PHONE: (205)424-4060 FAX: (205) 425-2820

OCCUPATIONAL TAX FORM

Tax ID#

Taxpayer Name: _____
Address_____
_____

Number of taxable employees _____ Quarter Ending_____	
1. TOTAL SALARIES, WAGES, COMMISSION AND OTHER COMPENSATION Paid to all taxable employees (*)	$
2. LESS: Nontaxable items (compensation paid for services outside of Bessemer) (Please attach letter of explanation)	$
3. TAXABLE EARNINGS (Item 1 minus Item 2)	$
4. ACTUAL WITHELD IN QUARTER AT 1%	$
5. INTEREST (1% per month)	$
6. PENALTY (10% of line 5, MINIMUM $3.00)	$
7. TOTAL (INCLUDING INTEREST AND PENALTY IF DUE)	$
IF NO WAGES WERE PAID THIS MONTH MARK "NONE" AND RETURN FORM WITH A EXPLANATION** *****MAKE CHECK OR MONEY ORDER PAYABLE TO THE CITY OF BESSEMER**	

A QUARTERLY RETURN MUST BE FILED AND THE TAX PAID BY THE TWENTIETH DAY 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 1% from gross salaries, wages, and commissions paid for work or services performed within the City 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