

STATE OF ALABAMA
PHARMACEUTICAL PROVIDER TAX RETURN

Prepare/file/pay this return online:
www.revenue.alabama.gov/salestax/efiling.html

ACCOUNT NUMBER _____

PERIOD COVERED
DUE DATE

NAME _____

ADDRESS _____

DO NOT USE THIS SPACE		
BALANCE OF TAX		
INTEREST		
PENALTY		
TOTAL		

CHECK THIS BOX IF PAYMENT MADE THROUGH ELECTRONIC FUNDS TRANSFER (EFT)
TOTAL AMOUNT REMITTED

\$ _____

fold

TAX ON PHARMACEUTICAL PROVIDERS

- Total number of prescriptions filled or refilled..... _____
- Less nontaxable prescriptions filled or refilled..... _____
- Total number of prescriptions filled or refilled for Alabama citizens (Item 1 minus Item 2)..... _____

4. Gross Tax (Item 3 x \$.10)_____	\$	
5. Penalty (see instructions)_____	\$	
6. Interest due for late payment (see instructions)_____	\$	
7. LESS: Credit claimed_____	\$	
8. TOTAL AMOUNT DUE (Line 4 plus Line 5 plus Line 6 minus Line 7)_____	\$	

SIGNATURE: _____ DATE: _____

fold

DO NOT CUT OR STAPLE.

Please be sure to put the proper name, account number, and period covered on the return before submitting it.