

S&U: 2810
10/2011

ALABAMA DEPARTMENT OF REVENUE
Nursing Facility Tax Return

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

2810

Account No. _____

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

\$.
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TAX ON NURSING FACILITIES

- 1. Number of patient days utilized for the month
- 2. Number of patient days available for the month
- 3. Percent of occupancy (Item 1 divided by Item 2)
- 4. Number of licensed beds, if any, added since July 1, 1991 provided the monthly occupancy rate has not equaled or exceeded 85% since such beds were added.
- 5. Number of licensed beds as of last day of the month covered by this return excluding those beds, if any, shown in Item 4.
- 6. Total number of licensed beds (Item 4 + Item 5)

- 7. Tax due (If Item 4 is zero, tax equals Item 6 x \$291.92; if Item 4 is greater than zero, tax equals Item 3 x \$291.92 x Item 6)
- 8. Penalty (see instructions)
- 9. Interest due for late payment (see instructions)
- 10. LESS: Credit claimed
- 11. TOTAL AMOUNT DUE (Line 7 plus Line 8 plus Line 9 minus Line 10)

\$	
\$	
\$	
\$	
\$	

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.