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# State of Alabama Department of Revenue

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April 2, 2018

## **REMINDER NOTICE**

**TO: All Tobacco Wholesalers, Jobbers, Semijobbers, Retailers and Importers**

**SUBJECT: Amendment to Report of All Tobacco Sales for Resale (SFR)**

The purpose of this notice is to remind you that **effective with the July 2018 Tobacco Sales for Resale Report which is due by August 20, 2018**, the following items must be included in all SFR reports: (Items in **bold** are additional requirements.)

- (a) Invoice date.
- (b) Invoice number.
- (c) Customer's full name.
- (d) Customer's address.
- (e) Customer's city.
- (f) Customer's state.
- (g) Customer's zip code.
- (h) **Customer's sales tax number.** Examples of the proper Sales Tax Number format are: SLS-R000000000, SLS-3700 12345 or R123456789. Note: The sales tax number may be preceded by SLS or shown as 10 digits without the SLS prefix. If you need to verify your customer's sales tax numbers, please contact the Sales Tax Division at [Wrap@Revenue.Alabama.Gov](mailto:Wrap@Revenue.Alabama.Gov) or 344-242-1297 or 334-242-1575 for assistance. Note: Failure to provide a correct sales tax number will prevent your report from processing correctly and result in having to reload the report with the proper number(s).
- (i) Description of the tobacco products.
- (j) **Product type** (Cigarette, Cigars, Little Cigars, Filtered Cigars, Smoking Tobacco, Cigar Wrappers, Chewing Tobacco, or Snuff).
- (k) **Quantity sold.**
- (l) **Total sales price.**
- (m) The itemized Alabama state tobacco tax paid.  
Enter the amount of state tobacco tax that you paid directly to the Alabama Department of Revenue. Leave blank if the tax was not paid by you directly to the Department.
- (n) **The itemized county tobacco tax paid, if applicable.**  
Enter the applicable amount of county tobacco tax that you paid directly to the Alabama Department of Revenue for state-administered counties or to another county tax administering authority. Leave blank if the tax was not paid by you directly to the Department or a county tax administering authority.
- (o) **The itemized city tobacco tax paid, if applicable.**  
Enter the applicable amount of city tobacco tax that you paid directly to the city or to another city tax administering authority. Leave blank if the tax was not paid by you directly to the city or to an agency operating on behalf of the city.

**The SFR must be filed electronically via MyAlabamaTaxes in a .CSV file format in the exact layout as shown on the return and template.** The template and instructions may be found at: <https://revenue.alabama.gov/business-license/tobacco-tax/tobacco-wholesaler-schedule-d-sales-for-resale-and-manufacturer-reports/>.

You may contact the Tobacco Tax Section with questions at 334-242-9627 or P. O. Box 327555, Montgomery, AL 36132-7555 or [Tobacco.Account@Revenue.Alabama.Gov](mailto:Tobacco.Account@Revenue.Alabama.Gov).