

ANNUAL CHAIN STORE TAX REPORT

Send payment to: CITY OF ABBEVILLE, TAX DEPT.
PO BOX 1170
ABBEVILLE LA 70511-1170

LIST STORES LOCATED IN THE CITY OF ABBEVILLE CORPORATE LIMITS
NAME STREET ADDRESS AND TOWN

Total Stores Operating in Abbeville, Listed Above, as of January 1, Current Year
Total Stores Operating Wherever Located Including Above, Under Same General
Management, Supervision, Ownership or Control as of January 1, Current Year

Computation of Tax
(see explanation on back) Amount of Tax \$ _____

Total Abbeville Stores _____ Interest _____

Tax Amount Due _____ Penalty _____

TOTAL _____

AFFIDAVIT

I swear (or affirm) that this report has been examined by me, and, to the best of my knowledge and belief is true and correct.

Sworn to and subscribed before me this _____ day of _____, 20__.

Signature of Officer Administering Oath _____ Title _____

Signature _____ Title _____

See attached License Tax Schedule.