

FINANCE DEPARTMENT

RESIDENTIAL RENTERS QUARTERLY REPORTING FORM (APARTMENTS)

| Owner Information: | |
|---|----------|
| Name: | |
| Address: | |
| City: State: Zip: _ | |
| Filing Period:thriough | |
| An original copy of this form and remittances must be submitted to the City of Phenix City, Finance Department on or before the 15th day of the month following the end of each quarter (January, April, July, October). Failure to submit this form and remittance by the due date will result in a 15% penalty on the total amount due. | |
| SELECT ONE OF THE FOLLOWING: | |
| Individual Partnership Corporation Oth | ner: |
| If apartments are located within the city limits, complete this section. Property Address: 1 - Number of Units | |
| 2 - Income Received from Rental Units. 3 - Amount of remittance 1.5% of Line 2 | \$ \$ |
| If apartments are located outside the city limits, but within Police Jurisdiction, complete this section. Property Address: | |
| 4 - Number of Units | |
| 5 - Income Received from Rental Units | \$ |
| 6 - Amount of remittance 0.75% of Line 2 | \$ |
| 7 - Total Due (add lines 3 & 6): | \$ |
| 8 - Add penalty (15%) of Line 7, if applicable: | \$ |
| 9 - Total Net Due (add lines 7 & 8): | \$ |
| Signature | Date |

