

CITY OF DOUGLASVILLE | FINANCE DEPARTMENT

Alcohol Beverage by the Drink Excise Tax Reporting Form

Physical Address

6695 Church Street
Attn: Finance Department
Douglasville, GA 30134

Mailing Address

PO Box 219
Attn: Finance Department
Douglasville, GA 30133

Month Ending:

Business Name:

Business Address:

Licensee Name:

Mailing Address:

EXCISE TAX REPORTING

1. City Liquor License No. _____
2. Gross Alcoholic Beverage by the Drink Sales _____
3. Tax – 3% of Line 2 _____
4. Penalty – 10% if Not Paid by the 20th _____
5. Debit or Credit _____
6. Total Payment Amount _____

Payment must be made by the 20th day of the month for the preceding month.

AVERAGE

1. Average ounces per drink poured: _____
2. Average price per drink sold: _____

INVENTORY REPORTING LIQUOR ONLY

List your inventory purchases from Licensed Wholesalers for monthly period reported.

1. Empire Dist. _____ Liters
2. General Whle. _____ Liters
3. Ga. Crown _____ Liters
4. Natl. Dist. _____ Liters
5. United Dist. _____ Liters
6. _____ Liters
7. Total Liters Purchased: _____

SALES REPORT

Total Sales <i>Per month</i>	Non-food Related Sales	Food & Non-alcoholic Beverage Sales	Liquor Sales	Beer/Wine Sales

All sections must be completed, and return must be **signed**.

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

Signature of Licensee

Date

MAKE CHECKS PAYABLE AND RETURN A COPY TO:

CITY OF DOUGLASVILLE
PO BOX 219
DOUGLASVILLE GA 30133
PH: 770-920-3000

