CITY OF CHAMBLEE
City Clerk's Office

ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX RETURN

Note: Incomplete forms will be returned to you to be fully completed.

Business Name: _____

Address: _____ **Month/Year Reported:** _____

Phone: _____ **Email:** _____

A. Inventory - Liquor Reporting Only -
List your inventory purchases from Licensed Wholesales for the month

1. Atlanta Whls. _____ Liters
2. Empire Distr. _____ Liters
3. General Whls. _____ Liters
4. Georgia Crown _____ Liters
5. National Distr. _____ Liters
6. United Distr. _____ Liters
7. _____ _____ Liters
8. Total Liters Purchased _____
9. Total Cost of Liquor Purchased _____

B. Excise Tax Reporting

1. Gross Liquor Sales by the Drink _____
2. Tax - 3% times Line 1 _____
3. Less Collection Fee - 3% Line 2 (Only on Timely Returns) _____
4. Credit or Debit _____
5. Penalty - 15% times Line 2 _____
6. Interest - .542% per month or portion thereof time Line 2 _____
7. Total Amount Due _____
8. Total Amount Paid _____

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment penalty and interest charges.

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

_____	_____	_____
Printed Name of Preparer	Signature of Preparer	Date

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Please return this form with remittance to:
City of Chamblee ATTN: Alcohol Excise Tax
5468 Peachtree Road, Chamblee, GA 30341

Make Check Payable To:
City of Chamblee