DeKalb County

330 W. Ponce De Leon Ave.
2nd Floor
Decatur, Georgia 30031
(404) 371-2772
Fax (404) 371-2946

Department of Finance
Internal Audit & Licensing

ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX RETURN

_____
_____
_____
_____

Business Name: _____ **Account Number:** _____
Address: _____
_____ **Month/Year Reported:** _____

A. Inventory - Liquor Reporting Only -
List your inventory purchases from Licensed Wholesalers 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% of Line 2 (Only on Timely Returns) _____
4 Credit or Debit _____
5 Penalty - 10% times Line 2 - 25% fraud or intent to eveade _____
6 Interest - 1% 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.

_____	_____	_____
Print Name of Preparer	Signature of Preparer	Date

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

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

Mail to: **P.O. Box 100020**
Decatur, Ga. 30031-7020

Make check payable to:
DeKalb County Revenue and License