

CITY OF SNELLVILLE
ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX REPORTING FORM
FOR DISTILLED SPIRITS ONLY

PERIOD REPORTED: (Month) _____ (Year) _____

Business Name & Address _____

A. INVENTORY REPORTING

List your inventory purchases from licensed Wholesaler for monthly period reported. (Distilled Spirits Only--Excludes Malt Beverages)

Wholesaler Name _____ In Liters _____ In Ounces _____

1. _____
2. _____
3. _____
4. _____
5. _____

6. TOTAL VOLUME PURCHASED _____

7. BEG. INVENTORY _____

8. END. INVENTORY _____

9. LINES (6+7)-8= _____

Avg. Ounces per Drink Sold _____

Avg. Price per Drink Sold _____

B. EXCISE TAX REPORTING

1. City Alcohol Beverage Lic. # _____

State Distilled Spirits License # _____

Occupation Tax Certificate # _____

2. Gross Alcoholic Beverage by the Drink Retail Sales: _____

3. Tax: 3% of Line 2: _____

4. Less 3% of Line 3 **ONLY** on timely returns (those paid & revd. **on or before** the 10th): _____

5. PENALTY – Add 10% of Line 3 (those payments received after the 20th) _____

TOTAL REMITTED: _____

PLEASE MAKE CHECK PAYABLE TO:
CITY OF SNELLVILLE
PLANNING & DEVELOPMENT
2342 OAK ROAD
SNELLVILLE, GA 30078
(770) 985-3513

Remit on or before the 10th day of the month to receive 3% discount for timely returns. Returns received after the 20th are subject to a 10% late penalty. See Section 6-121 of Article IV of the City of Snellville Alcoholic Beverage Ordinance.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN, AND IN ANY SUPPORTING SCHEDULES, ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I FURTHER GUARANTEE TO KEEP AND PRESERVE SUITABLE RECORDS OF THE SALES SUBJECT TO SUCH TAX FOR A MINIMUM PERIOD OF THREE YEARS.

Printed Name _____

Signature of Preparer _____

Phone # _____

Email _____

Date _____