

**CITY OF DULUTH
EXCISE TAX REPORT FORM
ALCHOLIC BEVERAGE BY THE DRINK**

Monthly excise tax reports and fees are due on the 10th of the month by 5:00 p.m.
This return is subject to audit: please maintain a copy for three (3) years.

Today's Date: _____ Report Month: _____ Year: _____

Name of Business: _____ Address: _____

Printed Name of Preparer: _____ Phone Number _____

Inventory Reporting: List inventory purchases from licensed wholesalers for this period. You may use a separate sheet of paper and attach if necessary. (Records will be matched against wholesale delivery reports.)

Wholesaler Name	Liters or Oz.	Pouring Information (<i>liquor only</i>)
		1. Average ounces per drink sold _____ oz.
		2. Average price per drink sold \$ _____

Beginning Inventory: _____
 Total Volume Purchased: + _____
 Ending Inventory: - _____
 = _____

Excise Tax Reporting:

Line 1: Report Month Gross Sales	\$ _____	(<i>Sale of distilled spirits by the drink, excluding malt beverages</i>)
Line 2: Tax Due	\$ _____	(<i>3% of line 1</i>)
Line 3: Credit for on-time payment	\$ _____	(<i>3% of line 2, *allowed by OCGA 3-4-133, if payment made by the 10th.</i>)
Line 4: Penalty	\$ _____	(<i>10% penalty only if payment is made after the 10th</i>)
Line 5: Interest	\$ _____	(<i>1% per month or portion thereof times Line 2</i>)
Line 6: Total Amount Due	\$ _____	
Line 7: Total Amount Paid	\$ _____	Make check payable to the "City of Duluth"

This return and payment of the taxes collected during the month shown are due by the 10th day of the next month to avoid a late payment and interest charges.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE. THIS REPORT CONTAINS NO FALSE OR FRAUDULENT INFORMATION.

 Signature and printed name of Licensee Date

 Signature and printed name of individual preparing form Date