City of Brookhaven

4362 Peachtree Rd
Atlanta GA 30319
Main (404) 637-0500 Fax (404) 637-0501
www.brookhavenga.gov

ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX RETURN

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

Business Name: _____ **Account Number:** _____

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% of Line 2 (Only on Timely Returns) _____
4. Credit or Debit _____
5. Penalty - 10% times Line 2 - 25% fraud to intent to evade _____
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.

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 Brookhaven ATTN: Excise Tax
4362 Peachtree Rd.
Atlanta, GA 30319

Make Check Payable To:
City of Brookhaven