

## Alcohol Beverage by the Drink Excise Tax Reporting Form

**Physical Address**  
6695 Church Street  
ATTN: Finance Department  
Douglasville GA 30134

**MONTH ENDING:**

**Mailing Address**  
PO BOX 219  
ATTN: Finance Department  
Douglasville GA 30133

Business Name:

Business Address:

Licensee Name:

All sections must be completed and return must be **signed**.

Mailing Address :

### A. INVENTORY REPORTING LIQUOR ONLY

List your inventory purchases from Licensed Wholesalers for monthly period reported.

- |                            |        |
|----------------------------|--------|
| 1. EMPIRE DIST.            | LITERS |
| 2. GENERAL WHLE.           | LITERS |
| 3. GA. CROWN               | LITERS |
| 4. NATL DIST.              | LITERS |
| 5. UNITED DIST.            | LITERS |
| 6.                         | LITERS |
| 7. TOTAL LITERS PURCHASED: | _____  |

### B. EXCISE TAX REPORTING

1. City Liquor License No: \_\_\_\_\_
2. Gross Alcoholic Beverage by the Drink Sales: \_\_\_\_\_
3. Tax - 3% Of Line 2: \_\_\_\_\_
4. Penalty - 10% If Not Paid By The 10th \_\_\_\_\_
5. Debit Or Credit \_\_\_\_\_
6. Total Payment Amount \_\_\_\_\_

**Payment must be made by the 1st day of the month for the preceding month.**

### C. AVERAGE

1. AVERAGE OUNCES PER DRINK POURED: \_\_\_\_\_
2. AVERAGE PRICE PER DRINK SOLD: \_\_\_\_\_

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
DATE

MAKE CHECKS PAYABLE AND RETURN WHITE COPY TO:

**CITY OF DOUGLASVILLE  
P.O. BOX 219  
DOUGLASVILLE, GA 30133  
PH: 770-920-3000**

TOTAL SALES	NON-FOOD RELATED SALES	FOOD & NON- ALCOHOLIC BEVERAGE SALES	LIQUOR SALES	BEER & WINE SALES
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Figure 1Month Ending

