



CITY OF LAWRENCEVILLE

DISTILLED SPIRITS EXCISE TAX* REPORTING FORM

DUE DATE: 20TH OF EACH MONTH

REPORTING PERIOD: _____
(Month, Year)

BUSINESS NAME: _____

ADDRESS: _____

*Tax effective September 1, 2007.

A. INVENTORY REPORTING

List inventory purchases from licensed
Wholesalers for monthly period reported.
Distilled liquor only

Wholesaler Name Liters

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. TOTAL VOLUME
PURCHASED _____

8. BEG. INVENTORY _____

9. END. INVENTORY _____

10. LINES 7+ 8 - 9 = _____

Avg. Ounces per Drink Sold _____

Avg. Price per Drink Sold _____

B. EXCISE TAX REPORTING

1. Alcohol License # _____

State Distilled Spirits License # _____

Business License # _____

2. Gross Distilled Spirits by the Drink Sales: _____

3. Distilled Spirits Excise Tax: 3% of Line 2: _____

4. Less 3% of Lines 3 for Collection Fees*: _____

5. Penalty*: _____

6. TOTAL REMITTED: _____

***Taxpayers filing this report after the 20th shall not be entitled to the operator collection fee. Any delinquent tax due shall bear interest for the deficient reporting period at the rate of 10% of the tax due from Line 3.**

**YOU MUST SUBMIT COPIES OF YOUR DISTRIBUTORS
INVOICES WITH THIS REPORT
YOU MUST KEEP COPIES OF THESE RECORDS ON SITE
FOR THREE YEARS**

MAKE CHECK PAYABLE TO
CITY OF LAWRENCEVILLE
AND MAIL TO:
**CITY OF LAWRENCEVILLE ALCOHOL EXCISE TAX
P. O. BOX 2200, LAWRENCEVILLE, GA 30046**

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 _____

Date _____

Print Name _____

Phone # _____