



LAWRENCEVILLE

GEORGIA

BEER/WINE/LIQUOR WHOLESALER EXCISE TAX REPORTING FORM

Due Date: 20th of each Month

Reporting Period: _____
(Month, Year)

Distributor Name: _____

Address: _____

_____	A. Beer (ounces)	\$
_____	B. Liters of Wine @ 22 cents per liter	\$
_____	C. Liters of Liquor @ 22 cents per liter	\$
	D. Wholesale Excise Tax (A + B + C)	\$
	E. Less 3% of Line D for Collection Fee ⁽¹⁾	\$
	F. Interest ⁽²⁾	\$
	G. Penalty ⁽³⁾	\$
	H. Total Remitted (D – E + F + G)	\$

(1) Taxpayers filing after the 20th shall not be entitled to the collection fee.

(2) Interest rate is 0.007% per month or portion of month.

(3) Penalties shall be applied at a rate of 5% if exceeding 120 days, and 5% for each additional 120 days, up to a maximum 20%.

Excise Tax on all beer and malt beverages sold by wholesalers to retailers in the City is \$0.05 per 12-ounce container and \$6.00 for each container of tap or draft beer or malt beverage of 15½ gallons and in similar proportion for bottles, cans and containers of various sizes as follows:

Quantity of Containers Sold	Size of Container	Tax Per Container
_____	7 ounces	\$0.03
_____	8 ounces	\$0.03
_____	12 ounces	\$0.05
_____	14 ounces	\$0.06
_____	16 ounces	\$0.07
_____	32 ounces	\$0.13
_____	½ barrel (15½ gallons)	\$6.00
_____	1 barrel (31 gallons)	\$12.00

- The Distributor is required to submit copies of the delivery manifests with this report.
- The Distributor is required to retain copies of these records on site for three (3) years.
- Make checks payable to “City of Lawrenceville”
- Mail to:

City of Lawrenceville Alcohol Excise Tax
P O Box 2200
Lawrenceville, Georgia 30046-2200

On sheets attached hereto is listed the number of liters delivered, the name and address of business concern or person to whom delivered for the month. This report must be signed and paid no later than the 20th day of the month following the month for which this report is made. The 3% discount on liquor will not be allowed unless payment is made on time. 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 #

Email Address