

CITY OF MARIETTA
Business License Division, 205 Lawrence St., P. O. Box 609
Marietta, GA 30061 Telephone (770) 794-5520

Liquor Sales Reporting Form

Account #:

Location:

Part A

- | | |
|---|----------|
| 1. For the Month Ending: (Enter month/day/year) | 1. _____ |
| 2. Gross Liquor Sales (Enter dollar amount of liquor sales) | 2. _____ |
| 3. Business License Fee (1% of Line 2) | 3. _____ |
| 4. Penalty (Line 3 X .1, if postmarked after due date) | 4. _____ |
| 5. Interest (Line 3 X .01 X number of months or any part thereof) | |
| Number of months _____ | 5. _____ |
| 6. Subtotal (Sum of Lines 3, 4 and 5) | 6. _____ |

(Note to liquor package stores only: skip to line 12)

- | | |
|---|-----------|
| 7. Excise Tax (3% of Line 2) | 7. _____ |
| 8. Penalty (Line 7 X .1, if postmarked after due date) | 8. _____ |
| 9. Interest (Line 7 X .01 X number of months or any part thereof) | |
| Number of months _____ | 9. _____ |
| 10. Deduction * Only if timely (3% of Line 7, not to exceed \$25) | |
| Timely? _____ | 10. _____ |
| 11. Subtotal (Sum of Lines 7, 8 and 9 less Line 10) | 11. _____ |
| 12. Total Due (Sum of Lines 6 and 11) | 12. _____ |

Part B

Average ounces per drink poured: _____ Average price per drink sold: _____

***This report must be filed and paid by the 20th day of the month following the period for which the tax is due. Take deduction only if timely filed and paid as evidenced by postmark of United States Postal Service.**

I certify that this return, including the accompanying schedules or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete return made in good faith for the period stated. This the _____ day of _____, 20____.

Return prepared by: _____ Title: _____

Signature: _____ Telephone: _____