



Alcohol Beverage by the Drink Excise Tax Reporting Form

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

Business Name: _____
 Business Address: _____
 Month/Year Reported: _____ City Alcohol License No: _____
 Email: _____

A. INVENTORY REPORTING LIQUOR ONLY

List your inventory purchases of distilled spirits from licensed wholesaler for monthly period reported.

- | | | |
|-----------------------------|-------|--------|
| 1. Artisan Beverages of GA | _____ | Liters |
| 2. United Distributors | _____ | Liters |
| 3. Eagle Rock Distributing | _____ | Liters |
| 4. GA Crown Distributing | _____ | Liters |
| 5. National Distributing | _____ | Liters |
| 6. General Wholesale Co. | _____ | Liters |
| 7. Empire Distributors | _____ | Liters |
| 8. _____ | _____ | Liters |
| 9. _____ | _____ | Liters |
| 10. _____ | _____ | |
| 11. Total Liters Purchased: | _____ | |
| 12. Beginning Inventory: | _____ | |

B. EXCISE TAX REPORTING

- | | |
|---|-------|
| 1. Gross Distilled Spirits by the Drink: | _____ |
| 2. Tax – 3% of line 1: | _____ |
| 3. Brewery Excise. \$6.00 per ½ barrel;
\$12.00 per barrel (15 1/2 gallons = ½
barrel; 31 Gallons = barrel) | _____ |
| 4. Less 3 % of Line 2 and 3 ONLY on
timely returns (by 20 th of the month) | _____ |
| 5. Penalty – 15% times line 2 and 3: | _____ |
| 6. Interest- .542% per month | _____ |
| 7. Total Payment Amount Due: | _____ |

C. Gross Sales for the Month

- | | |
|---|-------|
| 1. Food & nonalcoholic beverage: | _____ |
| 2. Alcoholic Beverage Sales:
(Beer, Wine & Liquor) | _____ |
| 3. Other revenue:
(cover charge, parking, hookah, etc) | _____ |
| 4. Total Sales: | _____ |

Remit on or before the 20th day of the succeeding month. 15% penalty on all payments received after the 20th day of the month. See Section 6-240 of the City of Chamblee Alcoholic Beverage Ordinance.

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

_____ Printed Name of Preparer	_____ Signature of Preparer	_____ Date
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PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Please Make Check Payable to:
City of Chamblee - Excise Taxes
PO Box 16651
Atlanta, GA 30321-0651