



REPORTING PERIOD. _____
(month, year)

BY THE DRINK TAX REPORTING FORM

Business Name: _____

Business License #: _____

Address: _____

State Distilled Spirits License #: _____

City Distilled Spirits License #: _____

A. INVENTORY REPORTING

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

Round to the nearest tenth decimal place.

<u>WHOLESALER NAME</u>	<u>PURCHASED</u> (IN LITERS)
1. _____	1. _____ L
2. _____	2. _____ L
3. _____	3. _____ L
4. _____	4. _____ L
5. _____	5. _____ L
6. _____	6. _____ L
7. TOTAL VOLUME PURCHASED: _____ L	
8. BEGINNING INVENTORY: _____ L	
9. ENDING INVENTORY: _____ L	
10. LINES (7+8)-9= _____ L	
Avg. Ounces per Drink:	_____ oz
Avg. Price per Drink Sold:	\$ _____

B. EXCISE TAX REPORTING

1. Gross Distilled Spirits by the Drink Sales:

\$ _____

2. Distilled Spirits Excise Tax (3% of Line 1):

\$ _____

3. Less 3% of Line 2 (ONLY if paid before 10th):

\$ _____

4. ADD: 10% of Line 2 (ONLY if paid after 20th):

\$ _____

5. TOTAL REMITTED: \$ _____

SUBMIT PAYMENT TO CITY OF DACULA

MAIL: CITY OF DACULA

ATTN: FINANCE DEPARTMENT

P.O. BOX 400

DACULA, GA 30019-0007

(770) 963-7451

**ALL SECTIONS OF FORM MUST BE COMPLETED
AND SIGNED!**

Remit on or before the 10th day of the month. See Section 4-238 of the City of Dacula Alcoholic Beverage Ordinance.

Please include a copy of all wholesaler invoices and a sales report for the reporting month as supporting schedules.

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

Signature of Preparer

Date

Printed Name

Phone Number