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/State Alc. License No: _____

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. Atlanta Beer Inc. _____ Liters
3. Atlanta Beverage Co. _____ Liters
4. C. Brothers Enterprises Inc. _____ Liters
5. Classic City Beverage _____ Liters
6. Eagle Rock Distributing _____ Liters
7. Empire Distributors _____ Liters
8. General Wholesale Co. _____ Liters
9. _____ _____ Liters
10. _____ _____ Liters
11. _____ _____ Liters
12. _____ _____ Liters
13. _____ _____ Liters
14. Total Liters Purchased: _____ Liters

B. EXCISE TAX REPORTING

1. Gross Distilled Spirits by the Drink: _____
2. Tax – 3% of line 1: _____
3. Brewpub/Brewery as listed in (Sec. 6-19,6-20,6-27) _____
4. Less 3 % of Line 2 and 3 ONLY on timely returns (by 10th of the month) _____
5. Penalty – $100 per month payment is delinquent _____
6. Total Payment Amount Due: _____

C. Gross Sales for the Month

1. Total Sales: _____
2. Non-Food Related Sales: _____
3. Food & Alcoholic Beverage Sales: _____
4. Liquor Sales: _____
5. Beer & Wine Sales: _____

Remit on or before the 10th day of the succeeding month. A $100.00 penalty each month will be required if payment is not received by the 20th day of the month. Any licensee who fails to comply is required to appear before the Alcohol Licensing Board after two (2) months of delinquency, and will be subject to a Supervised Action Plan, suspension, or revocation as provided in Section 6-27 of the City of Lilburn 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

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Please return this form with remittance to:

City of Lilburn
Attn: Business Services
340 Main Street
Lilburn, GA 30047

Make Check Payable to:

City of Lilburn

Approved 6-21-2019