

LIQUOR TAX RETURN
City of Gardendale, Alabama
P. O. Box 889 Gardendale, AL 35071
Phone: 205-631-8789 Fax 205-631-1700

TAXPAYER ID : _____

For the Month Beginning _____, 20_____, and Ending _____, 20_____

Name of Person, Firm or Corporation

Trade Name, if Different

TAX COMPUTATION

1. CHARGES

- (a) Total gross wholesale purchases of liquor during period: _____
- 2. AMOUNT OF TAX DUE (Equals 10% of line (a))** _____
- 3. PENALTY @ 10% (if applicable) **** _____
- 4. INTEREST @ 1% per month (if applicable) **** _____
- 5. TOTAL AMOUNT DUE** _____

** PENALTIES AND INTEREST APPLY WHEN PREVIOUS MONTH'S ALCOHOL TAX IS NOT REMITTED or POSTMARKED BY THE 20TH DAY OF THE NEXT MONTH. EXAMPLE: ALCOHOL TAX DUE FOR **JANUARY** 2017 MUST BE REMITTED or POSTMARKED NO LATER THAN **FEBRUARY 20**, 2017.

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Make remittance payable to: CITY OF GARDENDALE

This return with payment attached must be mailed to the City of Gardendale at the address shown on the top of this form and must be received or postmarked by the City on or before the 20th day of the month succeeding the month covered by this return.

This return, including any 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 month stated.

SIGNATURE: _____

NAME (PLEASE PRINT) _____

FIRM: _____

TITLE: _____

DATE: _____