



**RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK**

*This form is due on or before the 20th day of each month. Any remittance made after the 20th day of each month is considered delinquent.*

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_

City License No: \_\_\_\_\_ State License No: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

There is hereby imposed and levied upon every sale of an alcoholic beverage containing distilled spirits purchased by the drink in the City of South Fulton, a tax in the amount of three percent (3%) of the purchase price of the said beverage. Every person and/or business licensed for on-premise consumption of distilled spirits in the City of South Fulton shall collect and remit a tax of three percent (3%) of the purchased price of said beverage. This tax is due and payable to the City of South Fulton monthly on or before the 20th day of the month following the month the tax was collected. When paid on or before the 20th day of every month, the licensee may deduct and retain three (3%) of the first \$3,000 of tax and one-half (1/2%) of the amount of tax in excess of \$3,000 as a vendor's credit. Failure to pay by the due date will result in the loss of the vendor's credit and the licensee will be subject to the penalty and interest on the tax due. The penalty is twenty (20%) of the amount due. The interest rate is one and one-half (1.5%) per month of the delinquent tax.

**This return is subject to audit:**

Gross Sales of the month:

Food: \$ \_\_\_\_\_ Beer \$ \_\_\_\_\_ Wine: \$ \_\_\_\_\_ Liquor: \$ \_\_\_\_\_

- 1. Gross Sales of liquor by the drink: \$ \_\_\_\_\_
- 2. Tax (3% of line 1.): \$ \_\_\_\_\_
- 3. Vendor's Credit: (if paid on or before the 20th):  
(deduct 3% of first \$3,000 of line 2 and 1/2 % of amount in excess of \$3,000 on line 2) \$ \_\_\_\_\_
- 4. Penalty (add 20% to Line 2; if delinquent) \$ \_\_\_\_\_
- 5. Interest (add 1.5% for each month or fraction thereof line 2; if delinquent) \$ \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_**

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Please return this form with remittance to:

*City of South Fulton*

*Attn: Finance Department - Accounts Receivable*

*5440 Fulton Industrial Blvd SW, Atlanta, GA 30060*

Make all checks payable to City of South Fulton