

PO Box 830725
Birmingham, AL 35283-0725



**Monthly Liquor Tax Return
City of Centre, Alabama**

Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529
Email: rdssupport@avenuinsights.com
Website: www.avenuinsights.com

Business Name & Address:

Remittance address:
Avenu Tax Remittance Department
PO Box 830725
Birmingham, AL 35283-0725

Telephone # () _____

Contact Name: _____

Avenu Account No: _____

FEIN or SSN#: _____

<p>Enter your check amount here.</p> <p>\$ _____</p> <p>Make Check Payable to: Tax Trust Account</p>
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Filing Period: Month _____, 20_____
Avenu internal code 9626

Business Class	Tax Type/Tax Rate Codes	Class Description	Taxable Amount	Tax Rate	Net Tax Due
Club Retail	25-25	Based on Wholesale cost of all alcoholic beverages	\$	10%	\$
		(excluding beer and wine)			
Lounge Retail	25-25	Based on Gross Receipts of all alcoholic beverages	\$	10%	\$
		(excluding beer and wine)			
Hotel/Motel Lounge Retail	25-11	Based on Wholesale cost of all alcoholic beverages	\$	5%	\$
		(excluding beer and wine)			
Retail Liquor (Package Store)	25-11	Based on Wholesale cost of all alcoholic beverages	\$	5%	\$
		(excluding beer and wine)			
Restaurant Retail	25-11	Based on Wholesale cost of all alcoholic beverages	\$	5%	\$
		(excluding beer and wine)			
Subtotal				\$	
Subtract Discount of 2%, If Paid on Time					
(Filings are considered on time only if they are filed on or before the 15th day of the month for the previous month's Costs/Receipts.)				\$	
Add Penalty and Interest					
Interest = 3% per month, or fraction thereof Penalty = 15% of the amount of tax Plus citation fee of \$1.50				\$	
Amount of Tax Due & Remitted					
(Sub Total - Discount + Penalty/Interest/Citation Fee = Amount Due)					
(Make Check Payable To: Tax Trust Account)				\$	

Sign your return and remit payment along with completed form to the remittance address indicated above.

I declare under penalties of perjury that the above information and any accompanying schedules are to the best of my knowledge and belief, a true and accurate statement for the period indicated.

Printed Name: _____ Signed: _____ Date: _____

Telephone #: _____ Email Address: _____

FORM DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified, and validated in compliance with Avenu policy. Any information received before or after the publication of an Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com.

RETURNED CHECK DISCLAIMER: When you make a payment by check, you authorize us to use information from your check to make a one-time electronic fund transfer from your checking account according to the terms of your check or to process that transaction as a check. When we use your check to make an electronic fund transfer, funds may be withdrawn from your checking account the same day we receive your payment, and you will not receive your check back from your financial institution. If there are insufficient funds in your checking account, you authorize us to charge a Returned Payment Fee as applicable in the amount set forth by law and collect that amount through an electronic fund transfer from your checking account, if permitted by applicable law. If another payment method is returned unpaid, by your bank, we may, if permitted by applicable law, charge a Returned Payment Fee.