

PO Box 830725
Birmingham, AL 35283-0725



City of Vestavia Hills Monthly Liquor Tax Return

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

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

Business Name & Address:

Telephone # (____) _____

Contact Name: _____

Avenu Account No.: _____

FEIN or SSN#: _____

Enter your check amount here.

\$ _____

Make Check Payable to: Tax Trust Account

Filing Period: Month _____, 20_____

Avenu internal code 9333

Vestavia Hills Business License Code (Ordinance 1659) Section 2, Subsection 1, Paragraph H States, "each person licensed by the board to operate and sell retail liquor on-premise or off-premise shall pay an annual license fee of \$425.00, **PLUS** an amount equal to 3% of gross receipts in excess of \$50,000.00, where the gross receipts are derived from the sale of alcoholic beverages other than beer and wine for the current year. This tax shall be due and payable monthly, on or before the 15th day of each month for the sales of the beverages noted above made in the immediate preceding month.

Check here if no tax is due for specified period. *(Form may be faxed if no tax is due.)*

- (1) Total gross receipts on/off premise for the calendar year: _____: 1. \$ _____
- (2) LESS \$50,000.00 - \$50,000.00
- (3) Total taxable receipts for _____: 2. \$ _____
(If less than \$0.00, please sign and return to Avenu)
- (4) Total Liquor Tax Due for _____: 3% of Line Number 3: 3. \$ _____
- (5) Less Liquor Tax paid in _____: 4 \$(_____)
- (6) **TOTAL DUE AND REMITTED THIS MONTH:** 5. \$ _____
(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.