

BROOKHAVEN BEVERAGE BY THE DRINK EXCISE TAX RETURN



Business Name: _____

Business Address: _____

Due Date and Penalty Information: Indicate the applicable filing period and complete the information below for your Alcohol Beverage by the Drink Excise Tax. This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment penalty and interest charges. If you are filing for more than one filling period, please complete a separate return for each period.

Filing Period: _____ Date: _____ Account Number: _____

This return is subject to audit.

1. Provide the Gross Sales for the month for the following:

A. Food- \$ _____ B. Beer-\$ _____ C. Wine-\$ _____

2. List your inventory purchases from the following licensed wholesalers for the month in liters:

- a. Atlanta Wholesalers: _____ Liters b. Empire Distributors: _____ Liters
- c. General Wholesale Co.: _____ Liters d. Georgia Crown: _____ Liters
- e. National Distributing Co. Inc.: _____ Liters f. United Distributors: _____ Liters
- g. _____: _____ Liters
- h. Total Liters Purchased: _____ Liters i. Total Cost of Liquor Purchased: \$ _____

3. Calculate your Beverage by the Drink Excise Tax.

3a. Gross Liquor Sales by the Drink:	3a. _____
3b. Tax – 3% times line 3a	3b. \$ _____ <small style="float: right;">Internal Code (1561 25-25)</small>
3c. Discount – 3% of line 3b. (Only on Timely Returns)	3c. \$ _____
3d. Penalty - 10% times line 3b (25% fraud to intent to evade)	3d. \$ _____
3e. Interest – 1% per month or portion thereof times Line 3b	3e. \$ _____
3f. Total Amount Due: If on time, 3b minus 3c. If late, sum 3b, 3d and 3e.	3f. \$ _____ <small style="text-align: right;">Make Check Payable to "Tax Trust Account"</small>

Remit to: City of Brookhaven • c/o Avenu, LLC • PO Box 830725 • Birmingham, AL 35283-0725

I hereby certify that the statements made herein and on any supporting documents are true, correct and complete to the best of my knowledge.

Signature of Taxpayer or Duly Authorized Agent Date Signed Phone No.

Printed Name Email FEIN

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 a 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: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.