

PO Box 830900  
Birmingham, AL 35283-0900



**POWDER SPRINGS BEVERAGE BY THE DRINK  
EXCISE TAX RETURN**

Toll Free Phone: (800) 556-7274  
Toll Free Fax: (844) 528-6529

Email: [businesslicensesupport@avenuinsights.com](mailto:businesslicensesupport@avenuinsights.com)  
Website: [www.avenuinsights.com](http://www.avenuinsights.com)

Business License Renewal  
PO Box 830900  
Birmingham, AL 35283-0900

Avenu Account No.: \_\_\_\_\_  
*Internal jur code: 1562*

Business Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam:

Powder Springs has partnered with Avenu Insight & Analytics for assistance in the collection of its Beverage by the Drink Excise Tax. Online filing is coming soon. If not filing online, please include your account number on your payment remittance and corresponding documentation. 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.

**Questions?** All questions regarding the payment of your business occupational tax should be directed to Avenu.

**Due Date and Penalty Information:** Indicate the applicable filing period and complete the information below for your Alcohol Beverage by the Drink Excise Tax.

Account Number: \_\_\_\_\_ Filing Period: \_\_\_\_\_ Date: \_\_\_\_\_ Georgia Sales Tax No.: \_\_\_\_\_

**This return is subject to audit.**

**Calculate your Beverage by the Drink Excise Tax.**

- a. Gross Liquor Sales by the Drink: 3a. \_\_\_\_\_  
Internal Code (1562 25-11)
- b. Tax – 3% times line a 3b. \$ \_\_\_\_\_
- c. Vendor’s Credit (deduct 3% of first \$3000 of the amount on line b, and .5% of the amount in excess of \$3000 on line b, if not delinquent) 3c.\$ \_\_\_\_\_
- d. Penalty - 15% times line b or \$25, whichever is greater 3d.\$ \_\_\_\_\_
- e. Interest – 1% per month or portion thereof times Line b 3e.\$ \_\_\_\_\_
- f. Total Amount Due: 3f. \$ \_\_\_\_\_  
If on time, b minus c. If late, sum b, d and e. Make Check Payable to “Tax Trust Account”

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](http://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](http://www.avenuinsights.com).