

EXCISE TAX REPORT FORM
MIXED DRINK EXCISE



Month: _____ Year: _____

Name of Business: _____

Contact Person Name: _____ Phone: ____ / ____ - _____

Monthly excise tax reports and fees are due on the 20th of the month by 5:00 PM.
If received after the 20th, a **10%** penalty **and a \$25.00 late filing fee** will be added and the vendor's deduction will not be allowed

Excise Tax Reporting			
LINE 1: Gross Sales	\$	_____	(sale of distilled spirits by the drink, excluding malt beverages)
LINE 2: Tax Due	\$	_____	(3% of line 1)
LINE 3: Tax Deduction	\$	_____	(3% of line 2 *allowed only if payment received by the 20th)
TOTAL	\$	_____	(subtract line 3 from line 2)

Inventory Reporting (Liquor only): list inventory purchases from licensed wholesalers for this period.

<u>Wholesaler Name</u>	<u>Liters Purchased</u>
_____	_____
_____	_____
_____	_____
_____	_____
Total Liters Purchased	_____

I certify the above information is true and this application contains no false or fraudulent information.

PRINTED NAME OF PERSON PREPARING REPORT

SIGNATURE OF PERSON PREPARING REPORT

____ / ____ / ____
DATE

TOTAL AMOUNT DUE: \$ _____
(Make check payable to City of Suwanee)

Received by: _____

____ / ____ / ____
DATE

(This return is subject to audit; please maintain a copy for three (3) years)