



ALCOHOLIC BEVERAGE BY THE DRINK  
EXCISE TAX REPORTING FORM

MONTHLY PERIOD REPORTED

BUSINESS NAME/ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. EXCISE TAX REPORTING

1. STATE DISTILLED SPIRITS LICENSE #

\_\_\_\_\_

4. LESS 3% OF LINE 3 ONLY ON TIMELY RETURNS:

\_\_\_\_\_

2. GROSS ALCOHOLIC BEVERAGE BY THE DRINK SALES:

\_\_\_\_\_

5. PENALTY (ADD 10% OF LINE 3, IF PAID AFTER 20TH)

\_\_\_\_\_

3. TAX; 3% OF LINE 2:

\_\_\_\_\_

6. TOTAL REMITTED:

\_\_\_\_\_

MAKE CHECK PAYABLE TO CITY OF NORCROSS AND MAIL TO:

CITY OF NORCROSS  
ATTN: FINANCE  
65 LAWRENCEVILLE STREET  
NORCROSS, GA 30071  
(770) 448-2122

ALL SECTIONS OF THE FORM MUST BE COMPLETED AND SIGNED!

REMIT ON OR BEFORE THE 10TH DAY OF THE MONTH

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLET TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PREPARER

\_\_\_\_\_  
DATE

PHONE NUMBER: \_\_\_\_\_