



## ALCOHOLIC BEVERAGE EXCISE TAX REPORT

Each licensee or agent must file a timely return *even if* no tax is due. A return for the preceding month shall be filed with the City of Griffin Tax Collector on or before the 20<sup>th</sup> day of the month to avoid a late penalty and interest. Any person who fails to pay the excise tax due shall pay a civil penalty of 15% of the tax amount due in addition to interest in the amount equal to the bank prime loan rate as posted by the Board of Governors of the Federal Reserve System, plus 3 percent. Please refer to City of Griffin Code of Ordinances Chapter 6, Division 3 for further tax related information. This return is subject to audit.

<b>Business Name:</b>	<b>Month &amp; Year Reporting:</b>
<b>Business Address:</b>	<b>City/State/Zip:</b>

### Section A: GROSS REVENUE REPORTED

A1	Alcohol Beverage Sales [Taxable-Distilled Spirits]	
A2	Alcohol Beverage Sales [Nontaxable-Beer & Wine]	
A3	Food and Drinks other than above	
A4	Other Revenue	
A5	TOTAL GROSS REVENUE	

### Section B: SALES TAX COLLECTED

B1	Sales Tax Collected at 3% [Total from Line A1 x 3%]	
B2	Less Collection Fee of 3% [Total from Line B1 x 3%]	
B3	Net Total of Above [Total from Line B1 – Total from Line B2]	

### Section C: PENALTIES (only complete this section if report is submitted after due date)

C1	Net Tax Due [Enter total from LINE B1]	
C2	Deficiency Penalty [Line C1 x 15%]	
C3	Interest of Deficiency [Line C1 x (# of months late)(*BPLR + 3%)]	
C4	NET TOTAL OF PENALTIES [Add totals from Line C1 + C2 + C3]	

\*Bank Prime Loan Rate as posted by the Board of Governors of the Federal Reserve System

### Section D: TAX DUE

D1	Net Tax Due [Enter total from Line B3]	
D2	Penalty, <i>if applicable</i> [Enter total from Lines C2 + C3 + B2]	
D3	<b>Total Tax Due</b> [Line D1 + D2]	

Remit payment (total from Line D3) with report by the 20<sup>th</sup> day of each month. Report is subject to audit. The City of Griffin is authorized to charge additional penalties for negligence, disregard of rules and regulations, fraud or intent to evade the tax referenced in the City of Griffin Code of Ordinances; Chapter 6, Division 3). I certify that this return was made by me. The above and foregoing answers are true and no false statement is made for the period stated. All of the information contained herein is true and correct.

_____ Signature of Preparer	_____ Date
_____ Print Name of Preparer	_____ Title