



3120 Stonecrest Boulevard
Stonecrest, GA 30038
770-224-0200

www.stonecrestga.gov

RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK

Business Name: _____
Business Address: _____

Account Number: _____
Month/Year Reported: _____

A. Inventory—Liquor Reporting Only

List your inventory purchases from
Licensed wholesaler for the month

- 1. ATL Wholesale Wine _____ liters
 - 2. Eagle Distributors _____ liters
 - 3. Empire Distributors _____ liters
 - 4. General Wholesale _____ liters
 - 5. Georgia Crown Distributors _____ liters
 - 6. National Distributors _____ liters
 - 7. Savannah Distributing _____ liters
 - 8. United distributors _____ liters
 - 9. Other: _____ liters
- Liters Purchased** _____ **liters**

Total Cost of Liquor Purchased _____ **liters**

B. Excise Tax Reporting

- 1. **Gross Liquor Sales by the Drink** _____
 - 2. Tax (-) 3% of line 2: _____
 - 3. Less 3% of line 2:(Timely Returns Only) _____
 - 4. Credit or Debit _____
 - 5. Penalty (-)10% times Line 2
25% fraud or intent to evade _____
 - 6. Interest- 1% per month or
portion thereof times line 2 _____
- Total Amount Due** _____

Total Amount Paid _____

**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.**

**I hereby certify under penalties prescribed that the statements made herein and on any supporting documents are true,
Correct and complete to the best of my knowledge.**

Print Name of Preparer

Signature of Preparer

Date

Please return this form with remittance to: Make check Payable to CITY OF STONECREST

**City of Stonecrest
3120 Stonecrest Blvd
Stonecrest, GA 30038**

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT

Note: Incomplete forms will be returned to you to be fully completed



RETAIL EXCISE TAX RETURN ON LIQUOR BY THE DRINK

BUSINESS NAME: _____ MONTH OF: _____

DISTRIBUTOR CONTACT: _____ DISTRIBUTOR FEIN#: _____ Date: _____

Distributors Name	Address	Phone	Email	Beer	Wine	Liquor
				Y/N	Y/N	Y/N
				Y/N	Y/N	Y/N
				Y/N	Y/N	Y/N
				Y/N	Y/N	Y/N
				Y/N	Y/N	Y/N
				Y/N	Y/N	Y/N

Please return this remittance form with payment payable to:

Note: all Payments due by 20th day monthly before
added fees of 10% Penalty & 1% Interest per month late

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