

Beer Wholesale Excise Tax Return

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

Business Number:Business Name:Business Name:Bus. Address:Bus. Address:Bus.			Month of: City Issuing License: Bus. Phone/Fax:								
						Each wholesaler selling malt specific tax in the amount of smaller containers, and an proportionate part thereof within the City of Dunwoody. day of the month following to the penalty and interest on person employed by the whole for the preceding calendar modeling invention the City of Dunwoody. Reexample, the tax collected for	f \$0.05 per 12 ounce excise tax on draft vithin a bulk containe. This tax is due and g the month the tax is the tax due. Remittalesaler showing the tononth the exact quant pry for the month, soleturns remitted by	s, or proportionate part beer of \$6.00 per cont or commonly used for to dipayable to the City of was collected. Failure ance shall be accompanie total sales of each type of ditties of malt beverages d to every person holding mail must be postme	thereof as to obtainer of not map or draft beer of Dunwoody not to pay by the ded by a statemer malt beverage, so by size and tong a retail licens parked by the	graduate said ar ore than 151/2 sold by each v nonthly on or l ue date will sub at under oath fro by volume and ype of containe e for the sale of 15 th of the m	mount of tax or gallon size, o wholesale deale pefore the 15 th ject the licensed om a responsible price, disclosing r, constituting a malt beverage:
						Column: 1	Column: 2	Column: 3	Column: 4	Column: 5	Column: 6
Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	Tax Due:						
7 oz.				\$0.0292							
8 oz.				\$0.0333							
12 oz.				\$0.0500							
14 oz.				\$0.0583							
16 oz.				\$0.0667							
32 oz.				\$0.1333							
1/2 barrel (15- 1/2 gal.)				\$6.00							
1 barrel (31 gal.)				\$12.00							
This return is subject to au Multiply columns 4 and 5		e amount payable (colur	mn 6):								
Penalty (add 15% of colu	mn 6 if submitted aft	er the 15 th of the month	n):	= \$							
Total Amount Due:				= \$							
I DECLARE UNDER PENALT CORRECT TO THE BEST OF		AT THE INFORMATION F	PROVIDED IN TH	HIS RETURN IS	TRUE AND						
Printed Name:			Date:								
Signature:			Title:								
Please return this form with remittance to: City of Dunwoody 4800 Ashford Dunwoody Road Dunwoody, GA 30338			Make Checks Payable To: City of Dunwoody								