



## Alcoholic Beverage Wholesale Excise Tax Return Note: Incomplete forms will be returned to you to be fully completed.

Business Number:	Month of:
Business Name:	City Issuing License:
Bus. Address:	_ Bus. Phone/Fax:
The excise taxes imposed by this division shall be collected by all who nolding retail licenses for sale to the same, in the City of Dunwoody wholesalers at the time of the wholesale sale of such beverages. It shap proceeds so collected, on or before the 15th day of each month, for the	<ul> <li>Said excise taxes shall be collected by the all be the duty of each wholesaler to remit the</li> </ul>
This remittance shall be accompanied by a statement under oath the wholesaler showing the total sales of each type of wine and alcoholic the preceding calendar month exact quantities of wine and alcoholic constituting a beginning and ending inventory for the month, sold to express the sale of wine and alcoholic beverages in the City of Dunwoody. Failure to collected on or before the 15th day of each month, shall be ground interest on the tax due.	beverage, by volume and price, disclosing for ic beverages, by size and type of container very person holding a retail license for the sale file such a statement, or to remit the tax bunds for suspension or revocation of the
The excise tax levied on the sale of distilled spirits by the package, at of \$0.22 per liter of distilled spirits, excluding fortified wines, and a poarts of a liter. The excise tax levied on the first sale or use of wine by and a proportionate tax at like rates on all fractional parts of a liter.	proportionate tax at like rates on all fractiona y the package is hereby set at \$0.22 per liter
Γhis return is subject to audit:	
1. Liters sold of distilled spirits: X \$0.22 p (excluding fortified wines)	per liter tax = \$
2. Liters sold of fortified wines: X \$0.22 p (excluding distilled spirits)	per liter tax = \$
3. Subtotal:	= \$
4. Penalty (add 15% of line 1 total if submitted after the 15 <sup>th</sup> of the	month): = \$
5. Total Amount Due:	= \$
DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORM TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	MATION PROVIDED IN THIS RETURN IS
Printed Name:	Date:
Signature:	Title:
Please return this form with remittance to: City of Dunwoody ATTN: Finance and Administration 1800 Ashford Dunwoody Road Dunwoody, GA 30338	Make Checks Payable To: City of Dunwoody