



City of Dallas

Return of Distilled Spirits Excise Tax

City of Dallas Alcohol Excise Tax
129 East Memorial Drive
Dallas, Georgia 30132
(770) 443-8110 Fax (770) 443-8107
<http://www.cityofdallasga.com>

For Period of _____ To _____
Restaurant Name: _____
Name/Owner _____
Address _____
City, State, Zip _____

- | | |
|---|--------------------------------|
| 1. Gross Receipts (All sales of Alcoholic Beverages by the Drink) | \$ <input type="text"/> |
| 2. Exempt Receipts (All Alcoholic Beverages <u>except Distilled Spirits</u>) | \$ <input type="text"/> |
| 3. (Reserved) | \$ <input type="text"/> |
| 4. Total Exempt Receipts (Add Lines 2 and 3) | \$ <input type="text"/> |
| 5. Net Taxable Receipts (Line 1 Minus Line 4) | \$ <input type="text"/> |
| 6. Tax Due before Adjustment (Line 5 x .03) | \$ <input type="text"/> |
| 7. Adjustment for Collection Services (Line 6 x .03)) | \$ <input type="text"/> |
| 8. Current Tax Due to the City (Line 6 minus Line 7) | \$ <input type="text"/> |
| 9. Penalty (10% of Line 8 is Fine for Late Payment, if applicable) | \$ <input type="text"/> |
| 10. Interest (1% Per Month for Late Payment, if applicable) | \$ <input type="text"/> |
| 11. Total Amount Due (Add Lines 8, 9, and 10) | \$ <input type="text"/> |

I hereby certify that the information and statements contained herein and in any schedule of exhibits are true and correct.

Signature: _____ Title _____ Date _____