CITY OF DAPHNE
REVENUE DIVISION
LIQUOR TAX REPORT

Daphne
ALABAMA

Note: Return due on or before the 20th of each month following purchases.

RETURN MONTH: _____ , 20____ ACCOUNT NUMBER: _____

BUSINESS NAME: _____ CONTACT PERSON: _____

ADDRESS: _____

DATE	INVOICE #	LOCATION PURCHASED FROM	AMOUNT	
		SUB-TOTAL		
		TAX @ 10%		
		PENALTY (20% OF TAX DUE)		
		INTEREST (1% PER MONTH LATE)		
		TOTAL AMOUNT DUE/ENCLOSED		

Make checks payable to: City of Daphne
Mail return with payment to: City of Daphne
P.O. Drawer 1047
Daphne, AL 36526-1047

By signing this report, I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge & belief, a true & complete report for the period stated.

_____ _____
Signature *Date*

Revenue Use Only:

_____ _____ $_____
Batch # *Check #* *Amount*

_____ _____
Revenue Division *Date*