

CITY OF DAPHNE

WINE TAX RETURN

RETURN DUE ON
OR BEFORE 20TH
OF EACH MONTH

THIS RETURN IS FOR THE MONTH OF _____, 20_____

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address or Number of Outlets? Yes No
Is this a final return? Yes (if yes, attach explanation)

*IF BUSINESS NAME IS IMPRINTED, THIS RETURN
MAY BE USED ONLY BY THE BUSINESS NAMED*

Make check payable to:

CITY OF DAPHNE

Mail return with payment to:

**City of Daphne
PO Box 1047
Daphne, AL 36526-1047**

251-621-6613
251-621-6904 fax

[[[SUMMARY OF ATTACHED DETAIL LISTING BY CUSTOMER [[[

TOTAL LITERS	TAX RATE	TAX AMOUNT	PENALTY @ 20%	INTEREST @ 1%	TOTAL AMOUNT DUE
	.07				

OFFICE USE ONLY

BATCH # _____

CHECK # _____

AMOUNT \$ _____

This return, including accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith, for the period stated.

Signature

Date