BUSINESS ID: __

LIQUOR TAX RETURN

THIS REPORT FOR THE MONTH OF _____, 20__

ABC License Number _____

DATE	INVOICE #	LOCATION PURCHASED FROM	AMOUNT	
		Total		
		Tax @ 10 %		
		Penalty *		
		Interest **		
		Amount Due		

Make checks payable to:

CITY OF DAPHNE
POST OFFICE DRAWER 1047
DAPHNE, ALABAMA 36526

*** Penalty Rate – 20% of tax**

**** Interest Rate – 1% per month late**

DUE ON 20TH OF THE MONTH FOLLOWING MONTH OF PURCHASES

Batch _____

Check _____

Amount _____

Verify _____ Ltr ___

I hereby certify that the foregoing is a full and true report as stated above

_____ Signature

_____ Date