



Beer Wholesale Excise Tax Return

Month/ Year Reporting: _____ / _____

Business Name: _____ License No. & Exp: _____

Bus. Address: _____ Bus. Phone/ Fax: _____

Each wholesaler selling malt beverages within the City of Doraville must collect a specific tax in the amount of \$0.05 per 12 ounces, or a proportionate part thereof as to graduate said amount of tax on smaller containers, and an excise tax on draft beer of \$6.00 per container of not more than 15 1/2 gallon size, or a proportionate part thereof within a bulk container commonly used for tap or draft beer sold by each wholesale dealer within the City of Doraville. **This tax is due and payable to the City monthly on or before the 20th day of the month following the month the tax was collected.** Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due. Remittance shall be accompanied by a statement under oath from a responsible person employed by the wholesaler showing the total sales of each type of malt beverage, by volume and price, disclosing for the proceeding calendar month the exact quantities of malt beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of malt beverages in the City. Mailed returns must be postmarked by the 20th of the month.

Column: 1	Column: 2	Column: 3	Column: 4	Column: 5	Column: 6
Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	Tax Due:
7 oz.				\$0.0292	
8 oz.				\$0.0333	
12 oz.				\$0.0500	
14 oz.				\$0.0583	
16 oz.				\$0.0667	
32 oz.				\$0.1333	
½ barrel (15 ½ gal.)				\$6.00	
1 barrel (31 gal.)				\$12.00	

***This return is subject to audit:**

Multiply columns 4 and 5 to determine the tax due/ amount payable (Column 6): = \$ _____

Penalty (add 15% of Column 6 if submitted after the 20th of the month): = \$ _____

Total Amount Due: = \$ _____

I hereby certify, under penalties prescribed, that the statements made herein and on any supporting documentation are true, correct and complete to the best of my knowledge.

Preparer's Printed Name: _____ Title: _____

Signature: _____ Date: _____ / _____ / _____

RETURN/ CHECKS PAYABLE TO:
City of Doraville
3725 Park Avenue
Doraville, Georgia 30340-1111

STAFF USE :
Received By: _____ Date: ____ / ____ / ____
Amount Due: \$ _____ Amount Paid : \$ _____ Receipt No: _____