



City of Doraville
 Office of City Clerk
 3725 Park Avenue
 Doraville, Georgia 30340-1111
 Tel: (770) 451-8745 | Fax: (770) 936-3862 | www.doravillega.us

Alcoholic Beverage By The Drink Excise Tax Return

Month/ Year Reporting: _____/_____/_____

Business Name: _____ City Alcohol License No: _____
 Bus. Address: _____ GA Alcohol License No. & Exp: _____
 Email: _____ Bus. Phone/ Fax: _____

PART 1: Inventory Liquor Reporting Only

List your inventory purchases from the licensed wholesalers for the month. You may use a separate sheet of paper and attach if necessary. Records will be matched against wholesale delivery reports

Bibb Distr.	_____	Liters
C. Brothers Ent.	_____	Liters
Continental Beverage	_____	Liters
Dixie Bottle	_____	Liters
Eagle Rock Dist.	_____	Liters
Empire Dist.	_____	Liters
General Wholesale	_____	Liters
Georgia Crown Dist.	_____	Liters
McKesson Liquors	_____	Liters
National Dist.	_____	Liters
Prime Wine & Spirits	_____	Liters
Quality Wine & Spirits	_____	Liters
Savannah Dist.	_____	Liters
State Wholesale	_____	Liters
United Dist.	_____	Liters
Whale Ent.	_____	Liters
Other:	_____	Liters
_____	_____	Liters

Total Purchased: _____ **Liters**

Total Cost of Liters Purchased: \$ _____

PART 2: Food/ Alcohol Reporting

Gross Food Sales: \$ _____
 Gross Beer/ Wine Sales: \$ _____
 Gross Liquor-by-the-Drink Sales: \$ _____
 Total Sales: \$ _____

Total Sales Percentages:
Food _____% **Alcohol** _____%

PART 3: Excise Tax Reporting

- Tax (3% of Gross Liquor-by-the-Drink Sales):
\$ _____
- Businesses' Credit (deduct 3% of the first \$3,000 of the amount on line 1, and 1/2% of amount in excess of \$3,000 on line 1 — **only if paid on or before the 20th**):
\$ _____
- Penalty (add 15% of line 1, if this report is submitted after the 20th):
\$ _____
- Interest (add 1% per month or a fraction thereof — line 1 + line 3, if delinquent)
\$ _____

Total Amount Due: \$ _____

This return form, a copy of your Georgia Sales Tax and Use Report and a completed Employee Pouring Permit report are due no later than the 20th day of each month. Reporting must reflect activity for the proceeding month. You may submit additional documentation. These documents are due every month regardless of whether liquor-by-drink sales were made. A 10% penalty will be assessed for businesses that fail to report by the 20th or fail to report altogether. Incomplete forms will be returned until fully completed. Please make a copy for your file and return this form with remittance to the Clerk's Office.

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

Printed Name of Preparer: _____ Signature: _____ Date: _____

<p>RETURN/ CHECKS PAYABLE TO: City of Doraville 3725 Park Avenue Doraville, Georgia 30340-1111</p>	<p>STAFF USE : Received By: _____ Date: ____/____/____ Amount Due: \$ _____ Amount Paid : \$ _____ Receipt No: _____</p>
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Beer Wholesale Excise Tax Return

Business Name: _____ **Month/ Year Reporting:** _____/_____/_____

Bus. Address: _____ **City Alcohol License No:** _____

Bus. Phone/ Fax: _____ **GA License No. & Exp:** _____

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:** _____



Alcoholic Beverage Wholesale Excise Tax Return

Month/ Year Reporting: _____/_____

Business Name: _____ City Alcohol License No: _____

Bus. Address: _____ GA Alcohol License No. & Exp: _____

Email: _____ Bus. Phone/ Fax: _____

The excise taxes imposed by this Office shall be collected by all wholesalers selling alcoholic beverages to persons holding retail licenses for sale to the same, in the City of Doraville. Said excise taxes shall be collected by the wholesalers at the time of the wholesale sale of such beverages. **It shall be the duty of each wholesaler to remit the proceeds so collected, on or before the 20th day of each month, for the preceding calendar month.**

This 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 wine and alcoholic beverage, by volume and price, disclosing for the preceding calendar month exact quantities of wine and alcoholic 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 wine and alcoholic beverages in the City of Doraville. Failure to file such a statement, or to remit the tax collected on or before the 20th day of each month, shall be grounds for suspension or revocation of the license provided for by this chapter. Failure to pay by the due date will subject the licensee to the penalty and interest on the tax due.

The excise tax levied on the sale of distilled spirits by the package, at the wholesale level, is hereby set at the rate of \$0.22 per liter of distilled spirits, excluding fortified wines, and a proportionate tax at like rates on all fractional parts of a liter. The excise tax levied on the first sale or use of wine by the package is hereby set at \$0.22 per liter, and a proportionate tax at like rates on all fractional parts of a liter.

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

1. Liters of distilled spirits sold: _____ x \$0.22 per liter tax = \$ _____
(excluding fortified wines)
2. Liters of fortified wines sold: _____ x \$0.22 per liter tax = \$ _____
(excluding distilled spirits)
3. Subtotal: _____ = \$ _____
4. Penalty (add 15% of line 1 total if submitted after the 20th of the month): _____ = \$ _____
5. **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:
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Amount Due: \$ _____ Amount Paid : \$ _____ Receipt No: _____