



City of Dawsonville
 P.O. Box 6, 415 Highway 53 East Suite 100
 Dawsonville, Georgia 30534
 Phone: (706)265-3256
 Email: clerk@dawsonville-ga.gov
 Website: www.dawsonville-ga.gov

**Excise Tax Reporting Form
 Consumption on Premises
 Distilled Spirits**

BUSINESS NAME: _____ City License # _____
 Address: _____ State License # _____
 Address: _____ Telephone: _____
 MONTHLY PERIOD REPORTED: _____, _____

Remit on or before the 10th day of the succeeding month to avoid penalty.

INVENTORY REPORTING

| | WHOLESALER NAME (List all inventory purchased for month reporting from each company.) | In Liters | In Ounces |
|-----------|-------------------------------------------------------------------------------------------------|-----------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | Total Volume purchased (Add lines 1-6) | | |
| 8 | Beginning Inventory of month reporting | | |
| 9 | Total inventory for month reporting (Add lines 7+ 8) | | |
| 10 | Ending Inventory of month reporting | | |
| 11 | Total inventory sold for month reporting (Subtract line 10 from line 9) | | |

| | | | |
|--------------------------------|--|-------------------------------|--|
| Average ounces per drink sold: | | Average price per drink sold: | |
|--------------------------------|--|-------------------------------|--|

EXCISE TAX REPORTING

| | | |
|----------|----------------------------------------------------------------------------------------------------------------|-----------|
| 1 | Gross Sales (Alcoholic beverage by the drink) | |
| 2 | Tax: 3% of line 1 | |
| 3 | On-time Reporting Credit (Subtract 3% of line 2 for reports received at City Hall by the 10 th) | |
| 4 | Penalty 10% (Penalty must be applied to reports received at City Hall after the 20 th) | |
| 5 | Make checks payable to "City of Dawsonville" Total Remitted | \$ |

Note: Reports received after the 20th of each month will be assessed a 10% penalty as defined in Section 3-45(a)(b)and(c) of the Alcohol Ordinance. (If the 20th is on a weekend – report due Monday)

I hereby certify that the information reported herein is true, correct and complete to the best of my knowledge.

Print Name _____ Telephone _____

Signature _____ Date _____

Email Address _____