



**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](mailto:clerk@dawsonville-ga.gov)  
 Website: [www.dawsonville-ga.gov](http://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 10<sup>th</sup> day of the succeeding month to avoid penalty.**

**INVENTORY REPORTING**

	<b>WHOLESALER NAME</b> (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:	
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**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 <sup>th</sup> )	
4	Penalty 10% (Penalty must be applied to reports received at City Hall after the 20 <sup>th</sup> )	
5	Make checks payable to "City of Dawsonville" <b>Total Remitted</b>	\$

**Note: Reports received after the 20<sup>th</sup> 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 20<sup>th</sup> 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 \_\_\_\_\_