

City of Tuscaloosa

LIQUOR DEALERS LICENSE REPORT

ACCOUNT ID: _____

MAIL THIS RETURN WITH REMITTANCE TO:

CITY OF TUSCALOOSA, REVENUE DIVISION
 P.O. BOX 2089
 TUSCALOOSA, AL 35403
 PHONE: (205)248-5200 FAX: (205) 248-5793
 EMAIL: revenueoffice@tuscaloosa.com

FEIN _____
 BUSINESS NAME _____
 DBA _____
 ADDRESS _____

 EMAIL _____

INDICATE ANY CHANGE BELOW:

- Additional Forms Needed
 Change of Location _____
 Mailing Address Change _____
 Out of Business Date _____

Reporting Period _____

	(A)	(B)	(C)
Type of Tax/Tax Area	Monthly Liquor Sales	Tax Rate	Gross License Tax Due (Column A x Column B)
City		.07	
Police Jurisdiction		.035	

The term "gross receipts", when used to denote receipts from the sale of alcoholic beverages, shall mean and include the total receipts from the sale of any drink mixture containing an alcoholic beverage or beverages.

This return must be postmarked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return. Delay in filing reports subjects licensee to penalty as provided by City ordinance. Penalty: 15% for payment received after the 20th and before the end of the month due plus interest at current APR. Any payment received after the end of the month due is 30% Penalty plus interest at current APR. For current rate, please call or office or visit:
<https://revenue.alabama.gov/assessments/quarterly-interest-rates/>

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

Printed Name _____ Phone _____

Signature _____ Date _____

(1) Total Tax Due (Total of Column C)	
(2) Penalty	
(3) Interest	
(4) Net Amount Due (Line 1, if delinquent 1+2+3)	
(5) Credit (Attach Documentation)	
(6) Total Amount Due & Enclosed (Line 4-5)	