

CLAYTON COUNTY COMMUNITY DEVELOPMENT  
 PERMITS & LICENSE ALCOHOL DIVISION  
 121 SOUTH MCDONOUGH STREET  
 ANNEX 2 JONESBORO, GA 30236  
 (770) 473-5415

ALCOHOL BEVERAGE SALES TAX REPORT

REPORT FOR MONTH OF \_\_\_\_\_, 20\_\_

\*\*\*\*\*

Business Name \_\_\_\_\_ Clayton County Alcohol License # \_\_\_\_\_

Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Street) (City) (State) (Zip)

\*\*\*\*\*

TO AVOID PENALTY, REPORT MUST BE IN THIS OFFICE ON OR BEFORE THE 20TH DAY OF THE FOLLOWING MONTH

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Alcohol Beverage Sales (Taxable-distilled spirits) \$ _____	Sales tax collected @ 3% \$ _____	
	Less Collection fee of 3%	\$ _____

Alcohol Beverage Sales (Nontaxable-beer & wine) \$ _____	Net Total of Above*	\$ _____
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Food & Drinks other than above \$ \_\_\_\_\_

Other Revenue \$ \_\_\_\_\_

**PENALTIES**

Late penalty \$ \_\_\_\_\_

Deficiency penalty \$ \_\_\_\_\_

Interest on Deficiency \$ \_\_\_\_\_

Fraud or Intent To evade penalty \$ \_\_\_\_\_

**NET TOTAL OF PENALTIES\*** \$ \_\_\_\_\_

TOTAL GROSS REVENUE \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_  
 (Net Total of \* Items)

**TOTAL AMOUNT REMITTED** \$ \_\_\_\_\_

\*\*\*\*\*

I do hereby certify and affirm under oath, subject to the penalties of the State of Georgia for false swearing, that the information contained herein is true and correct.

\_\_\_\_\_  
 Signature Title Date

\*\*\*\*\*

RETURN WHITE AND YELLOW (first and second) COPIES WITH REMITTANCE. RETAIN PINK (third) COPY FOR YOUR FILES.

\*\*\*\*\*

For Office Use Only:	Date rec'd. _____	Amt. rec'd. _____	Cash ( ) _____	Check # _____
Receipt # _____	Alcohol Sales _____%	Food Sales _____%	Other _____	Verified by _____