

BROOKHAVEN BEER, WINE, AND ALCOHOL BEVERAGE WHOLESALE EXCISE TAX RETURN



Business Name: _____

Business Address: _____

Business City: _____ State: _____ Zip: _____ Phone: _____

Due Date and Penalty Information: This tax is due and payable monthly on or before the 15th 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 beverage, by volume and price, disclosing for the preceding calendar month the exact quantities of malt beverages, fortified wines and distilled alcohol, by size and type of container, sold to every person holding a retail license for the sale of said beverages in the City of Brookhaven. Returns remitted by mail must be postmarked by the 15th of the month due. For example, the tax collected for the month of January is due and payable on or before February 15th.

Filing Period: _____ Date: _____ Account Number: _____

This return is subject to audit.

1. Liters sold of distilled spirits: _____ X \$ 0.22 per liter = 1. \$ _____
(excluding fortified wines) Internal Code (1561 25-11)

2. Liters sold of fortified wines: _____ X \$ 0.22 per liter = 2. \$ _____
(excluding distilled spirits) Internal Code (1561 26-11)

3. Beer Distribution:

Enter amount sold per size of the container then multiply columns B and C to determine tax due (column D), then add down for the subtotal.

A. Size of Container	B. Total Sold	C. Tax Per Container	D. Tax Due:
7 oz.		\$ 0.0292	
8 oz.		\$ 0.0333	
12 oz.		\$ 0.0500	
14 oz.		\$ 0.0583	
16 oz.		\$ 0.0067	
32 oz.		\$ 0.1333	
½ Barrel (15-1/2 gal.)		\$ 6.00	
1 Barrel (31 gal.)		\$ 12.00	
3. Subtotal for Beer Distribution			

Internal Code (1561 27-11)

4. Subtotal of Beer, Wine and Distilled Spirits: = \$ _____
Add row 1, 2 and 3 for subtotal owed.

5. Penalty (add 10% of line 4 subtotal if submitted after the 15th of the month): = \$ _____

6. Interest (add 1% for each month late of line 4 subtotal) = \$ _____

7. Total Amount Due: = \$ _____
Make Check Payable to "Tax Trust Account"

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

Signature of Taxpayer or Duly Authorized Agent

Date Signed

Phone No.

Printed Name

Email

FEIN

DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified and validated in compliance with Avenu policy. Any information received before or after the publication of a Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com.
Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.