



4362 Peachtree Rd
Brookhaven, GA 30319
Main 404-637-0500
Fax 404-637-0501
www.BrookhavenGA.gov

BEER WHOLESALE EXCISE TAX RETURN

Note: Incomplete forms will be returned to you to be fully completed.

Business Name: _____ Account Number: _____
Address: _____ Month/Year Reported: _____
Phone: _____ Email: _____

Each wholesaler selling malt beverages to dealers selling malt beverages within the City of Brookhaven, must collect a specific tax in the amount of \$0.05 per 12 ounces, or proportionate part thereof as to graduate said amount of tax on smaller containers, and an excise tax on draft beer of \$6.00 per container of not more than 15 1/2 gallon size, or proportionate part thereof within a bulk container commonly used for tap or draft beer sold by each wholesale dealer within the City of Brookhaven. This tax is due and payable to the City of Brookhaven 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 malt beverage, by volume and price, disclosing for the preceding calendar month the exact quantities of malt beverages, by size and type of container, constituting a beginning and ending inventory for the month, sold to every person holding a retail license for the sale of malt 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.

Column: 1	Column: 2	Column: 3	Column: 4	Column: 5	Column: 6
Size of Container	Beginning Inventory	Ending Inventory	Total Sold	Tax Per Container	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	
1/2 barrel (15- 1/2 gal.)				\$ 6.0000	
1 barrel (31 gal.)				\$ 12.0000	

This return is subject to audit:

Multiply columns 4 and 5 to determine tax due amount payable (column 6): \$ _____
Penalty (add 15% of column 6 if submitted after the 15th of the month): \$ _____
Total Amount Due: \$ _____

I DECLARE UNDER PENALTIES PRESCRIBED THAT THE INFORMATION PROVIDED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Printed Name Signature Date

PLEASE MAKE A COPY FOR YOUR FILE AND RETURN THE ORIGINAL WITH YOUR PAYMENT.

Please return this form with remittance to:

City of Brookhaven
4362 Peachtree Rd.
Brookhaven, GA 30319
Attn: Excise Tax

Make Check Payable To:

City of Brookhaven