

CITY OF SAVANNAH GEORGIA  
LIQUOR BY THE DRINK  
EXCISE TAX RETURN

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY ALCOHOL LICENSE NO: \_\_\_\_\_

GEORGIA SALES TAX NO: \_\_\_\_\_

REPORT FOR MONTH OF: \_\_\_\_\_ YEAR: \_\_\_\_\_

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*THIS RETURN IS SUBJECT TO AUDIT:*

1. Gross sales of liquor by the drink \$ \_\_\_\_\_
2. Tax (3% of line 1) \$ \_\_\_\_\_
3. Vendor's Credit (deduct 3% of first \$3000 of the amount on line 2, and .5% of amount in excess of \$3000 on line 2, if not delinquent) \$ \_\_\_\_\_
4. Penalty if delinquent (Add 15% of line 2 or \$25 whichever is greater) \$ \_\_\_\_\_
5. Interest if delinquent (add 1% of line 2 compounded for each month or fraction of each month) \$ \_\_\_\_\_
6. Total amount due (Please attach check to return) \$ \_\_\_\_\_

**PAYMENT MUST BE RECEIVED IN THE REVENUE DEPARTMENT BY THE  
20<sup>TH</sup> DAY OF THE MONTH FOR THE PRECEDING MONTH**

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I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No. \_\_\_\_\_

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Return this form together with check for the amount shown on line 6 and payable to the City of Savannah Revenue Department and address to: Revenue Department, PO box 1228, Savannah GA 31402.