

Beer Wholesale Excise Tax Return

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

Business Number:Business Name:Business Name:Bus. Address:Bus. Address:											
						Each wholesaler selling malt specific tax in the amount of smaller containers, and an proportionate part thereof we within the City of Dunwoody. day of the month following to the penalty and interest or person employed by the whole for the preceding calendar in beginning and ending inventor in the City of Dunwoody. Rexample, the tax collected for	beverages to dealer \$0.05 per 12 ounce excise tax on draft lithin a bulk containe. This tax is due and the tax due. Remitta lesaler showing the tononth the exact quanter ory for the month, soleturns remitted by	s selling malt beverage s, or proportionate part beer of \$6.00 per cont r commonly used for to I payable to the City of was collected. Failure nce shall be accompanie tal sales of each type of tities of malt beverage d to every person holdin mail must be postm	t thereof as to gainer of not map or draft been of Dunwoody ne to pay by the ded by a statement malt beverage, so, by size and the parked by the marked by the	graduate said ar ore than 151/2 sold by each we nonthly on or lead to the ue date will sub- nt under oath from by volume and ype of containe e for the sale of 15th of the me	nount of tax or gallon size, or pholesale deale pefore the 15 th ject the licenser or a responsible price, disclosing r, constituting malt beverage
						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.				\$0.0667							
32 oz.				\$0.1333							
1/2 barrel (15- 1/2 gal.)				\$6.00							
1 barrel (31 gal.)				\$12.00							
This return is subject to au Multiply columns 4 and 5		e amount payable (colur	mn 6):	= \$							
Penalty (add 15% of column 6 if submitted after the 15^{th} of the month):				= \$							
Total Amount Due:				= \$							
I DECLARE UNDER PENALT CORRECT TO THE BEST OF		AT THE INFORMATION I	PROVIDED IN TH	HIS RETURN IS	TRUE AND						
Printed Name:			Date:								
Signature:			Title:								
Please return this form with remittance to: City of Dunwoody 4800 Ashford Dunwoody Road Dunwoody, GA 30338			Make Checks Payable To: City of Dunwoody								