

CITY OF GULF SHORES

REVENUE DIVISON USE ONLY

BEER TAX

BATCH # _____
CHECK # _____
AMOUNT _____
INT/DATE _____

**Return due on or before
the 20th of each month.**

THIS RETURN IS FOR THE MONTH OF _____

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, Business Address, or Number of Outlets? Yes _____ No _____	Is this a Final Return? Yes _____ If yes, attach explanation. No _____
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IF BUSINESS NAME IS IMPRINTED, THIS RETURN MAY BE USED ONLY BY THE BUSINESS NAMED.

_____ _____
GULF SHORES TAX # _____

MAKE CHECK PAYABLE TO:
CITY OF GULF SHORES

MAIL RETURN WITH REMITTANCE TO:
CITY OF GULF SHORES
P. O. BOX 4089
GULF SHORES, AL 36547-4089

_____ _____
(251) 968-2426

FILE RETURN EACH MONTH EVEN THOUGH NO TAX MAY BE DUE

CORPORATE LIMITS

Containers Per Case	7oz (\$.78)	12oz (\$1.17)	16oz (\$1.56)	
Beer	_____	_____	_____	\$ _____
		¼ Kegs (\$4.03)	½ Kegs (\$8.06)	
		_____	_____	\$ _____

POLICE JURISDICTION

Tax Rate .07

Containers Per Case	7oz (\$.39)	12oz (\$.585)	16oz (\$.78)	
Beer	_____	_____	_____	\$ _____
		¼ Kegs (\$2.015)	½ Kegs (\$4.03)	
		_____	_____	\$ _____

TOTAL TAX \$ _____

DISCOUNT (2 ½%) IF PAID BY THE 15th \$ _____

REMITTANCE \$ _____

This return has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith, for the period stated.

This _____ day of _____, 20____

Signature _____
 (State whether individual owner, member of firm, or give title if officer of corporation.)