

CITY OF GULF SHORES

REVENUE DIVISION USE ONLY

LIQUOR EXCISE TAX
(PACKAGE STORES)

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.

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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

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FILE RETURN EACH MONTH EVEN THOUGH NO TAX MAY BE DUE

(251) 968-2426

Gross amount of purchases \$ _____ X 3% = TOTAL TAX DUE \$ _____

If paid after the 20th of the month add 25% penalty \$ _____

TOTAL TAX \$ _____

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.)