

CITY OF GULF SHORES

REVENUE DIVISION USE ONLY

LIQUOR EXCISE TAX (RESTAURANTS)

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? If yes, attach explanation. Yes No

IF BUSINESS NAME IS IMPRINTED, THIS RETURN MAY BE USED ONLY BY THE BUSINESS NAMED.

Corner brackets for business name area

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

FILE RETURN EACH MONTH EVEN THOUGH NO TAX MAY BE DUE

(251) 968-2426

Gross amount of purchases \$ X 6% = 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.)