



City of Royston
634 Franklin Springs Street
Royston, GA 30662
706-245-7232

ALCOHOLIC BEVERAGE BY THE DRINK EXCISE TAX RETURN

For Month Ending _____, Year _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

LICENSEE NAME: _____

1. Gross Beer Sales (By the Drink) _____
2. Gross Wine Sales (By the Drink) _____
3. Total Line 1 and 2 _____
4. Excise Tax – 3% times Line 3 _____
5. Late Penalty – 20% times Line 4 _____
6. Interest – 1 ½ % times Line 4 _____
7. TOTAL AMOUNT DUE _____
8. Total Amount Paid With This Return _____

This return and payment of the taxes collected during the month shown are due by the 20th day of the next month to avoid a late payment penalty and interest charges.

I hereby certify that the statements made herein and on any supporting documents are true, correct, and complete to the best of my knowledge.

Printed Name of Preparer

Signature of Preparer

Date