



CITY OF ANNISTON

P.O. Box 2168
Anniston, AL 36202

MONTHLY LIQUOR TAX REPORT FOR THE MONTH OF _____

TAXPAYER NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

TOTAL PURCHASE PRICE OF LIQUOR FROM PREVIOUS MONTH \$ _____

AMOUNT OF TAX DUE (Total Purchases x 10%) \$ _____
(5% if located in police jurisdiction)

LATE PAYMENT PENALTY, if applicable (tax due by the 20th each month) \$ _____
15% if less than 30 days past due
30% if more than 30 days past due
Plus 1% per month interest

TOTAL AMOUNT ENLCOSSED (tax amount & penalty, if any) \$ _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE REPORT IS TRUE AND ACCURATELY SHOWS THE TOTAL AMOUNT OF LIQUOR PURCHASES BY SUCH LICENSEE DURING THE PRECEDING MONTH.

SIGNATURE OF LICENSEE OR DESIGNATED AGENT

DATE

Make checks payable to City of Anniston, Alabama.
Remit monthly report and payment to:

City of Anniston
Attn: Finance Department
P.O. Box 2168
Anniston, AL 36202

Phone: 256-231-7726
Fax: 256-231-7664
Web: www.anniston.al.gov