CITY OF WEAVER, ALABAMA
QUARTERLY LIQUOR TAX REPORT

RETURN DUE ON OR BEFORE 20TH DAY OF MONTH FOLLOWING EACH QUARTERLY FILING PERIOD

ACCOUNT NUMBER: _____

REPORTING PERIOD: _____

(This return only for the business shown below)

FILE AND PAY ON-LINE AT:

www.weaver-alabama.org

OR

MAIL THIS RETURN WITH REMITTANCE PAYABLE TO:

CITY OF WEAVER
P. O. BOX 934668
ATLANTA, GA 31193-4668

(256) 427-4816
weaveral@hdlgov.com

Type of Tax / Tax Area	**(A) Total Purchase Price (Less Tax Paid)**	**(B) Tax Rate**	**(C) Gross Tax Due (Column A x Column B)**
LIQUOR:			
CITY OF WEAVER		7.5%	
POLICE JURISDICTION		3.75%	
TOTAL — COLUMN C			

This return must be postmarked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return.

By signing this report, I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

(1) TOTAL TAX DUE (Total of column C)	
(2) PENALTY (Tax Due x 10%)	
(3) INTEREST (Tax Due x 5% Per Month)	
(4) NET TAX DUE (Item 1) (If delinquent, Items 1+2+3)	
TOTAL AMOUNT DUE & ENCLOSED MAKE CHECK PAYABLE TO CITY OF WEAVER	

Signature

Date Title

Phone # E-Mail