

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)

MAIL THIS RETURN WITH REMITTANCE PAYABLE TO:

Name: _____

Address: _____

CITY OF WEAVER
500 ANNISTON STREET
WEAVER, AL 36277
(256) 820-1121

businesslicenses@weaver.al.gov

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

Signature _____

Date _____ Title _____

Phone # _____ E-Mail _____