

# CITY OF WEAVER, ALABAMA

## MONTHLY WHOLESALE WINE TAX REPORT

RETURN DUE ON OR BEFORE  
15TH DAY OF MONTH

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@weaveral.gov

Type of Tax / Tax Area	(A) Total Liters Sold	(B) Tax Rate	(C) Gross Tax Due (Column A x Column B)
<b>WINE:</b>			
CITY OF WEAVER (\$.07 Per Liter)		\$.07 \$	
<b>TOTAL — COLUMN C</b>			
<p>This return must be postmarked by the 15th day of the month following the reporting period for which you are filing to be considered a timely return.</p> <p><b>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.</b></p>	<b>(1) TOTAL TAX DUE</b> <small>(Total of column C)</small>		
	<b>(2) PENALTY</b> <small>(Tax Due x 10%)</small>		
	<b>(3) INTEREST</b> <small>(Tax Due x 5% Per Month)</small>		
	<b>(4) NET TAX DUE</b> <small>(Item 1) (If delinquent, Items 1+2+3)</small>		
	<b>TOTAL AMOUNT DUE &amp; ENCLOSED</b> MAKE CHECK PAYABLE TO CITY OF WEAVER		

Signature

\_\_\_\_\_ Date \_\_\_\_\_ Title

\_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail