CITY OF MADISON, ALABAMA

LIQUOR TAX - MONTHLY TAX REPORT

Account No._____

REPORTING PERIOD: From __/__/__ To: __/__/__

(This return is only for the business shown below)

MAIL THIS RETURN WITH REMITTANCE TO:
CITY OF MADISON
P O BOX 99
MADISON, AL 35758

_____
Business Name

_____
Business Address

Total Amount Enclosed

$

☐ Check here if this is a final tax return

Type of Tax/Tax Area	Gross Taxable Amount	Total Deductions	Net Taxable	Tax Rate	Gross Tax Due
LIQUOR TAX:					
LIQUOR SALES				10%	
NOTE:					
DISCOUNT DOES NOT					
APPLY TO					
LIQUOR TAX.					

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.

Date _____ Title _____

Signature _____

(1) TOTAL TAX DUE (Total of Column E)	
(2) PENALTY (Item 1 x 10 %)	
(3) INTEREST (Item 1 x 0.5 % per month delinquent)	
(4) DISCOUNT (if submitted prior to due date)	
(5) NET TAX DUE (Item 1 - Item 4; if delinquent, Items 1 + 2 + 3)	
TOTAL AMOUNT DUE & ENCLOSED	