



The City of Garden City, Georgia
100 Central Avenue, Garden City, Georgia 31405
Phone: (912) 966-7777 Fax: (912) 963-2735

MONTHLY RETURN – LIQUOR BY THE DRINK

IMPORTANT: This return must be filed and taxes paid by the 20th of the month following the month for which the tax is due. If the 20th day falls on other than a business day, the report shall be due on the following business day.

Mail return and tax payment to:

Revenue Department
CITY OF GARDEN CITY
100 Central Avenue
Garden City, GA 31405

Return for the month of _____ Year _____

Business Name: _____

Address: _____

Georgia Alcohol License Number: _____

Georgia Sales Tax Number: _____

THIS REPORT IS SUBJECT TO AUDIT (See Sec. 6-169 of Ordinance)

- | | |
|--|----------|
| 1. Gross sales of liquor by the drink | \$ _____ |
| 2. Tax (3% of line 1) | \$ _____ |
| 3. Vendors credit (deduct 3% of first \$3000 of the amount on line 2, and 0.5% of amount in excess of \$3000 on line 2, if not delinquent) | \$ _____ |
| 4. Tax due (line 2 less line 3) | \$ _____ |
| 5. Penalty if delinquent (add 10% of line 2, BUT NOT LESS THAN \$100) | \$ _____ |
| 6. Interest if delinquent (add 1% of line 2 for each month or any fraction of each month) | \$ _____ |
| 7. Total amount due (Line 4 plus line 5 plus line 6) | \$ _____ |

I declare under penalties that the information provided in this return is true and correct to the best of my knowledge and belief.

Signed: _____

Title: _____

Date: _____

Phone Number: _____