



Liquor Tax Return

Account# _____

(Business Name)

(Address)

(City/State/Zip)

(Phone Number)

DATE: _____

Liquor purchases for the month of _____, 20____.

Purchases (Attach Receipts)----- _____

Tax (10% of purchases)**----- _____

Penalty (15% of tax after 15th of month)----- _____

Total Due----- _____

By: _____

Title: _____

This report is due on the 10th of each month and if not paid by the 15th, a penalty of 15% of the above tax shall be added.

**Police Jurisdiction Tax Rate is 5%

City of Fairhope
Revenue Department
PO Drawer 429
Fairhope AL 36532