



CHATHAM COUNTY
Finance Department
124 Bull Street, Suite 340
Savannah, GA 31401

LIQUOR BY THE DRINK EXCISE TAX RETURN
(Revised Date October 2021)

1. BUSINESS NAME: _____
(AS ADVERTISED)
2. BUSINESS LOCATION _____ CITY _____ ST _____ ZIP _____
(STREET ADDRESS)
3. CORPORATE NAME: _____
4. CHATHAM COUNTY ALCOHOL LICENSE # _____ GEORGIA SALES TAX # _____
5. REPORTING MONTH: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC
6. REPORTING YEAR: 20 _____ BUSINESS PHONE: _____

THIS RETURN IS SUBJECT TO AUDIT

- A. Gross sales of liquor by the drink: \$ _____
- B. Tax (3% of line #1): \$ _____
- C. Delinquent fee (add 5% or \$5 late penalty, whichever is greater): \$ _____

TOTAL AMOUNT DUE: \$ _____

RETURN AND PAYMENT MUST BE POSTMARKED BY THE 20th DAY OF THE MONTH FOR THE PRECEDING MONTH. RETURN MUST BE SUBMITTED EVEN IF NO TAXES ARE DUE TO CHATHAM COUNTY.

SUPPORTING DOCUMENTATION MUST BE SUBMITTED WITH RETURN.

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

Signature of Applicant:

Date

Printed Name of Applicant

Title

***REQUIRED: NAME, ADDRESS & CONTACT NUMBER OF WHOLESALE DISTRIBUTOR (ATTACH TO RETURN)**