

ACCOUNT NUMBER: _____

CITY OF BESSEMER, ALABAMA
LIQUOR TAX REPORT

NAME OF BUSINESS: _____

INDIVIDUAL: _____

ADDRESS: _____

MAIL TO: CITY OF BESSEMER - REVENUE DEPARTMENT
1806 3RD AVENUE NORTH
BESSEMER, AL 35020-4999

The gross receipts of Liquor sales of the above stated business for the month of _____, 20____, as required by the Ordinance adopted by the City of Bessemer, Alabama are:

GROSS RECEIPTS OF LIQUOR SALES: \$ _____

LESS STATE OF ALABAMA LIQUOR TAX: \$ _____

AMOUNT OF TAXABLE RECEIPTS: \$ _____

CITY OF BESSEMER THREE (3) PERCENT TAX: X .03

AMOUNT OF TAX DUE: \$ _____

PLEASE INCLUDE TEN (10) PERCENT PENALTY
IF NOT PAID BY THE 15TH DAY OF THE
FOLLOWING MONTH: 10% PENALTY \$ _____

TOTAL AMOUNT DUE: \$ _____

Sworn to and subscribed before me this
the _____ day of _____, 20_____.

I hereby certify that the above
report is true and complete.

NOTARY PUBLIC

FROM: _____
BY: _____