



CITY OF BESSEMER
 REVENUE DEPARTMENT
 1700 THIRD AVE. NORTH
 BESSEMER, ALABAMA 35020
 PHONE (205) 424-4060 FAX (205) 425-2820

LIQUOR TAX REPORT

Tax Payer ID # _____

NAME OF BUSINESS / INDIVIDUAL: _____

ADDRESS: _____

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 are:

GROSS RECEIPTS OF LIQUOR SALES	\$	_____
LESS STATE OF ALABAMA LIQUOR TAX	\$	_____
AMOUNT OF TAXABLE RECEIPTS	\$ \$	_____
CITY OF BESSEMER THREE (3) % TAX		_____ x .03
AMOUNT OF TAX DUE	\$	_____
PENALTY OF TEN (10) % IF NOT PAID BY THE 15th OF THE FOLLOWING MONTH		
PENALTY AMOUNT	!\$	_____
TOTAL AMOUNT DUE	\$	_____

MAKE CHECK / MONEY ORDER PAYABLE TO CITY OF BESSEMER

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

 SIGNATURE

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

 NOTARY PUBLIC