COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

FINANCE DEPARTMENT

REVENUE DIVISION - Occupation Tax Section
3111 Citizens Way, P.O. Box 1397, Columbus, Georgia 31902-1397
706-653-4100

DEPARTMENTAL USE ONLY:
Amount To Be Validated $_____

WHOLESALE EXCISE TAX REPORTING FORM

REPORTING PERIOD: _____

DISTRIBUTOR LICENSE ACCOUNT #: _____

DISTRIBUTOR NAME: _____

BUSINESS ADDRESS: _____

1. GROSS DISTRIBUTOR EXCISE TAX (A+B+C+D) $0.00

A. Wine in Liters: _____ x $0.22 = $ 0.00

B. Liquor in Liters: _____ x $0.22 = $ 0.00

C. Beer (Bottle | 12oz): _____ x $0.05 = $ 0.00

D. Beer (Barrel | 31 Gallons): _____ x $12.00 = $ 0.00

2. PENALTY OF 10% ON THE TAX DUE IF RECEIVED AFTER THE 10th: (Line 1 X 10%) $_____

3. TOTAL EXCISE TAX DUE: (Line 1) or (Line 1+2) $_____

The failure to make a timely report and remittance shall render a wholesale dealer liable for a penalty equal to ten percent of the total amount due during the first 30-day period following the date such report and remittance were delinquent and a further penalty of an additional ten percent of the amount of such remittance for each successive 30-day period or any portion thereof during which such report and remittance are not filed. The filing of a false or fraudulent report shall render the wholesale dealer making such report liable for an additional penalty equal to 20 percent of the amount of the remittance which would have been required under an accurate and truthful report.

MUST BE POSTMARKED ON OR BEFORE THE 10TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED.

MAKE CHECKS PAYABLE TO: ***COLUMBUS CONSOLIDATED GOVERNMENT.***

MAIL FORM & CHECK TO:
OCCUPATION TAX SECTION
P.O. BOX 1397
COLUMBUS, GA 31902-1397

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____ PRINT NAME

_____ SIGNATURE

_____ TITLE

_____ PHONE NUMBER

_____ DATE