

# CITY OF WEAVER, ALABAMA QUARTERLY LIQUOR TAX REPORT

RETURN DUE ON OR BEFORE 20<sup>TH</sup>  
DAY OF MONTH FOLLOWING EACH  
QUARTERLY FILING PERIOD

ACCOUNT NUMBER: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

(This return only for the business shown below)

FILE AND PAY ON-LINE AT:

[www.weaver-alabama.org](http://www.weaver-alabama.org)

OR

MAIL THIS RETURN WITH REMITTANCE PAYABLE TO:

**CITY OF WEAVER**  
P. O. BOX 934668  
ATLANTA, GA 31193-4668  
  
(256) 427-4816  
weaveral@hdlgov.com

Type of Tax / Tax Area	(A) Total Purchase Price (Less Tax Paid)	(B) Tax Rate	(C) Gross Tax Due (Column A x Column B)
LIQUOR:			
CITY OF WEAVER		7.5%	
POLICE JURISDICTION		3.75%	
<b>TOTAL — COLUMN C</b>			
<p>This return must be postmarked by the 20<sup>th</sup> day of the month following the reporting period for which you are filing to be considered a timely return.</p> <p><b>By signing this report, I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.</b></p>	<b>(1) TOTAL TAX DUE</b> (Total of column C)		
	<b>(2) PENALTY</b> (Tax Due x 10%)		
	<b>(3) INTEREST</b> (Tax Due x 5% Per Month)		
	<b>(4) NET TAX DUE</b> (Item 1) (If delinquent, Items 1+2+3)		
	<b>TOTAL AMOUNT DUE &amp; ENCLOSED</b> MAKE CHECK PAYABLE TO CITY OF WEAVER		

Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_