

# CITY OF WEAVER, ALABAMA

## MONTHLY WHOLESALE WINE TAX REPORT

RETURN DUE ON OR BEFORE  
15<sup>TH</sup> DAY OF MONTH

ACCOUNT NUMBER: WEA-\_\_\_\_\_

FILE AND PAY ON-LINE AT:

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

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

(This return only for the business shown below)

OR

MAIL THIS RETURN WITH REMITTANCE PAYABLE TO:

**CITY OF WEAVER**

P. O. BOX 934668

ATLANTA, GA 31193-4668

720.875.4190

866.717.7362 (Toll Free)

Type of Tax / Tax Area	(A) Total Liters Sold	(B) Tax Rate	(C) Gross Tax Due (Column A x Column B)
<b>WINE:</b>			
CITY OF WEAVER (\$.07 Per Liter)		\$.07	
POLICE JURISDICTION (\$.035 Per Liter)		\$.035	
<b>TOTAL — COLUMN C</b>			
<p>This return must be postmarked by the 15<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 \_\_\_\_\_