

**CITY OF PORT WENTWORTH**  
**LIQUOR BY THE DRINK**  
**EXCISE TAX RETURN**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY ALCOHOL LICENSE NO.:** \_\_\_\_\_

**GEORGIA SALES TAX NO.:** \_\_\_\_\_

**REPORT FOR MONTH OF:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

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*THIS RETURN IS SUBJECT TO AUDIT*

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|--|----------|
| 1. Gross sales of liquor by the drink  | \$ _____ |
| 2. Tax (3% of line 1)  | \$ _____ |
| 3. Vendor's Credit (deduct 3% of first \$3,000 of the amount on line 2, and .5% of amount in excess of \$3,000 on line 2, if not delinquent) | \$ _____ |
| 4. Penalty if delinquent (add 15% of line 2)   | \$ _____ |
| 5. Interest if delinquent (add 1% of line 2 compounded for each month or fraction of each month)   | \$ _____ |
| 6. Total amount due (please attach check to return)  | \$ _____ |

**PAYMENT MUST BE RECEIVED AT CITY HALL BY THE 20<sup>TH</sup> DAY OF THE  
MONTH FOR THE PRECEDING MONTH**

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I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No. \_\_\_\_\_

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**Return this form together with a check for the amount shown on line 6 made payable to the City of Port Wentworth, in person or via mail, Attn: Occupational Tax Department, 7224 GA Highway 21, Port Wentworth, Georgia 31407. For questions or assistance with completing this form, contact Port Wentworth City Hall at 912-964-4379.**