



# City of Newnan, Georgia

## Mixed Drink Taxes

P.O. Box 1193

Newnan, GA 30264

(770) 254-2351

# MIXED DRINK TAX REPORT

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Licensee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

License Representative, if applicable: \_\_\_\_\_

**Month Ending:** \_\_\_\_\_

**Note:** Payment must be received in our office by the 10th day of each month; otherwise the late penalty will be imposed. Postmarks are not acceptable. If the 10th falls on a weekend or holiday, payment will be due on the next business day. No exceptions!

- |   |     |       |
|---|-----|-------|
| 1. Gross Receipts from Distilled Spirits by the Drink Sales           |     | _____ |
| 2. 3% Local Sales Tax Collected (3% of Line 1)                        |     | _____ |
| 3. Less: 3% Collection Fee (3% of Line 2) if paid by due date of 10th | (-) | _____ |
| 4. Add: 15% Penalty for payments received after the 10th              | (+) | _____ |
| 5. Add: Prior month penalty due for late payment submission           | (+) | _____ |
| 6. Total Tax Remitted to City   |     | _____ |

I (we) do solemnly swear, subject to criminal penalties for false swearing, that the information contained herein is true, and no false or fraudulent information is made herein. I (we) further swear that all records required under the Alcoholic Beverage Ordinance of the City of Newnan are maintained and open for inspection by authorized agents of the City.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Signature of person responsible for filing this report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Signature of Licensee or License Representative

### For Use by City of Newnan Only:

Date Received: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Revenue Code: **ATAX**

Balance Due: \_\_\_\_\_  
(if payment received after 10th)