

CITY OF NORTHPORT
 (205) 339-7000 Fax (205) 333-3046

BEER / WINE REPORT

Reporting Period _____

MAIL THIS RETURN WITH REMITTANCE TO:
 CITY OF NORTHPORT
 P.O. BOX 569
 NORTHPORT, AL 35476

Total Amount Enclosed

\$ _____

Out of Business

() Check here if this is a final return. () Check here for additional forms. Date: _____

	(A)	(B)	(C)
Type of Tax/ Tax Area	Gross Taxable Amount	Tax Rate	Gross Tax Due (Column A x Column B)
Cases		\$1.17 per Case	
Liters		\$.07 per Liter	

This return must be postmarked by the 20th day of the month following the reporting period for which you are filing to be considered a timely return.

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.

Date _____ Title _____

Signature _____