

CITY OF DAPHNE
REVENUE DIVISION
WINE TAX RETURN



Note: Return due on or before the 20th of each month.

RETURN MONTH: _____, 20__ ACCOUNT NUMBER: _____

BUSINESS NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

Has a change occurred in Taxpayer Name, Trade Name, Mailing Address, or Number of Outlets? No Yes
Is this a Final Return? No Yes (If Yes, attach detailed explanation.)

*** Summary of Attached Detail Listing by Customer ***

| TOTAL LITERS | TAX RATE | TAX AMOUNT | PENALTY @ 20% | INTEREST @ 1% | TOTAL AMOUNT DUE |
|--------------|----------|------------|---------------|---------------|------------------|
| | .07 | | | | |
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Make checks payable to: City of Daphne
Mail return with payment to: City of Daphne, P.O. Box 1047, Daphne, AL 36526-1047

This return, including accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete return made in good faith, for the period stated above.

Signature _____

Date _____

Official Use Only:

Batch # _____ Check # _____ \$ _____
Amount

Received By: _____

Revenue Division _____

Date _____