CITY OF MONTGOMERY

Mailing Address:
P.O. BOX 830469
BIRMINGHAM, AL 35283-0469

ABC Board License No.: _____ City Sales Tax No.: _____

WHISKEY REPORT

NAME OF FIRM _____

ADDRESS OF FIRM _____

FOR MONTH OF _____ , 20 _____

DATE PURCHASED	INVOICE NUMBER	WHISKEY	COST	
		Total Purchases		
		Tax @ 5%		
		*Penalty		
		Amount Due		

Make Checks payable to
CITY OF MONTGOMERY

*10% 1st 30 days delinquent,
20% Thereafter

Due on or before the 20th of month following month of purchases.

* Late filing fee of greater amount of $50 or 10% of tax liability will be assessed in accordance with Ord. # 19-93 for returns filed after the 20th of month following month of purchases.

I hereby certify that the foregoing is a full and true report as stated above.

Firm _____

By _____