City of Peachtree City
151 Willowbend Road
Peachtree City, GA 30269
Phone: 770-487-7657
Fax: 770-631-2505
PeachtreeCityGA.gov

Office of the City Clerk

MIXED DRINK TAX REPORT

Business Name:	**Phone Number:**
Due the 20th day of the following month	_____ **MONTH**

Gross Receipts from Spirituous Liquor	**$**
3% Local Sales Tax Collected	**$**
Less 3% Collection Fee ***(ONLY IF Submitted by the 20th)***	**$**
Late Penalty- Sec.6-46 (c)The failure to make a timely report and remittance shall render the defaulting licensee liable for a penalty equal to ten percent of the total amount due during the first 30-day period following the date such report and remittance were due and a further penalty of 25 percent of the amount of such remittance for each successive 30-day period or any portion thereof, during which such report and remittance are not filed or paid.	**$**
Total Tax Remitted	**$**

I certify under penalty of perjury that this is a true and correct report of all spirituous liquors by the drink sold by this business in the City of Peachtree City during the month shown on this report.

_____ _____

Signature of Person Preparing Report **Date**

Printed Name of Person Preparing Report: _____

Telephone Number of Person Preparing Report: _____

Email Address of Person Preparing Report:_____

(For online payment options, report must be submitted to csr@peachtree-city.org by the 15th day of the month.

An invoice will be sent to the email address listed above. Payments must be made by the 20th.)