

Annual Alcohol Excise Tax Certification Report

Business Name: _____

Location Address: _____

Alcohol License #: _____

Tax Year: _____

Month	Food Sales	Distilled Spirit Sales *	Excise Taxes Paid
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

***Does not include Beer or Wine**

As the undersigned, I certify that the monthly sales and tax figures presented on this report are accurate and complete to the best of my knowledge. I also understand that the County reserves the right to request supporting documentation including but not limited to point of sales reports, sales tax returns, or external audit reports.

CPA/Accountant Signature

Printed Name

Date