



MIXED DRINK TAX REPORT

Business Name

Phone Number

Address

License Representative:

Licensee:

Month Ending: _____

PAYMENT MUST BE RECEIVED BY THE 10TH DAY OF EACH MONTH FOR THE PRECEDING MONTH'S REPORT

- | | |
|---|----------|
| 1. Gross Receipts from Distilled Spirits by the Drink Sales | \$ _____ |
| 2. 3% Local Sales Tax Collected (3% of line 1) | \$ _____ |
| 3. Less 3% Collection Fee (3% of line 2 if submitted by the | \$ _____ |
| 4. Add 15% penalty for payments received after the 10 th . | \$ _____ |
| 5. TOTAL TAX REMITTED | \$ _____ |

I (we) do solemnly swear subject to criminal penalties for false swearing, that the information contained herein is true, and no false or fraudulent information is made herein. I (we further swear that all records required under the Alcoholic Beverage Ordinance for the Town of Tyrone are maintained and open for inspection by authorized agents of the Town.

Printed Name/ Signature of Person
Responsible For Filing This Report

Date

Printed Name/ Signature of Licensee
Or License representative

Date