

**TOWN OF TRINITY, ALABAMA
TAX RETURN FORM FOR
ALCOHOL SALES**

MAIL THIS RETURN WITH REMITTANCE TO:

TOWN OF TRINITY
P.O. BOX 302
DECATUR, ALABAMA 35602
PHONE: (256) 351-4619

TRINITY Account Number: _____

Name: _____

Address: _____ City/ST/Zip: _____

TOTAL AMOUNT ENCLOSED

\$ _____

This return is for the month/year of _____ and must reach the sales tax office on or before the 15th day of the month succeeding the month covered by this return.

1. Total Gross Receipts (all alcoholic beverages)	\$ _____
2. Deductions: a. Total Gross Receipts (sale of beer and table wine)	\$ _____
3. Total Amount After Deductions	\$ _____
4. Tax Due (15% x amount on line 3)	\$ _____
5. Discount (2% if paid on time)	\$ _____
6. Penalty and Interest a. Penalty – 15% of the tax due b. Interest – 3% of the tax due (per month from the date the payment of such tax became delinquent)	a. \$ _____ b. \$ _____
7. Total Amount of Tax Due	\$ _____

FEE: There is a citation fee of \$150.00 in addition to penalty and interest that must be paid when filing late (filing after the 15th day of the succeeding month).

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is to the best of my knowledge and belief, a true and complete report for the period stated.

SIGNED _____

DATE _____