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**This Report Must Be Received / Postmarked On or Before the 20th day of Month**

**PRIVATE CLUB SUPPLEMENTAL BEVERAGE TAX MONTHLY REPORT**

Required by Benton Ordinance Number 3 of 2015

**RETURN THIS COPY ONLY FOR PROPER CREDIT**

**NOTICE**

**Make Check Payable to**:

City of Benton

**Mail To**:

City of Benton

P. O. Box 607

Benton, AR 72018-0607

For the Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Business Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Receipts From Alcoholic Beverage Sales $

(Total of cash receipts and credit sales)

**ATTACH REMITTANCE HERE**

 2. Tax Due (Line 1 x 5%) $

NOTICE

Total Taxable Receipts Shown

On this Report Must Agree

With Total Amount Reported

To State Revenue Commissioner

Amount Reported to State Revenue

Commissioner $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach Remittance

(Check, Draft or Money Order)

Secure Before Mailing

DO NOT MAIL CASH OR STAMPS

 3. Penalty After the 20th (12.5% of Line 2) $

 4. Total Remittance $

 NOTE: REMITTANCE MUST BE BY SEPARATE CHECK

“I hereby state, avow and affirm that the statements contained herein are full, true, and correct, as required by the provisions of

**OFFICE USE ONLY**

Acct. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Rec.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ordinance 3 of 2015.”

Date this report prepared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 «Customer» .

(Name of Business)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must be signed by owner, officer or authorized agent