



CITY OF NORTHPORT
(205) 339-7000 Fax (205) 333-3046

WINE TAX REPORT

REPORTING PERIOD _____

Taxpayer ID: _____

NAME: _____

ADDRESS: _____

PHONE: _____

MAIL THIS RETURN WITH REMITTANCE TO:
CITY OF NORTHPORT
P.O. BOX 569
NORTHPORT, AL 35476

TOTAL AMOUNT ENCLOSED

\$ _____

☐ Check here if this is a final return

☐ Check here for additional forms

Out of Business Date: _____

	(A)	(B)	(C)
TYPE OF TAX	TOTAL LITERS SOLD	TAX RATE	GROSS TAX DUE (Column A X Column B)
Wine Tax		\$0.07 per Liter	
		(1) Total Tax Due (Total of Column C)	
		(2) Penalty (Failure to file 10% or \$50, whichever is greater <u>AND</u> Failure to pay 10%)	
		(3) Interest (Line 1 X 1% per month delinquent)	
		(4) Net Tax Due (Add lines 1, 2 and 3)	
		(5) Credit (Attach Documentation)	
		TOTAL AMOUNT DUE & ENCLOSED	

This return must be postmarked by the **20th** day of the month following the reporting period for which you are filing to be considered a timely return.

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.

Date _____ Title _____

Signature _____