

CITY OF LEEDS LIQUOR TAX RETURN

Business Name _____
 Reporting Period _____

MAIL THIS RETURN WITH REMITTANCE TO:

City of Leeds - Revenue Dept
 1040 Park Drive
 Leeds, AL 35094

Type of Tax	Gross Taxable Amount	Rate	Tax Due
Liquor On Premise (due on gross purchases)		10%	
Liquor Off Premise (due on gross receipts)		3%	

Check here for final return

This return must be postmarked by the 15th 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 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.

Signature _____

Print Name _____ Date _____

Total Tax Due	
Penalty (15% if not postmarked by the 15th day of the month)	
Net Due	
Total Amount due & Enclosed	

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