

**City of Philadelphia
2002 Annual Reconciliation
of Liquor Tax**

MAKE NO MARKS IN THIS AREA
2 8 0 2

Due Date: February 28, 2003

Print name:

City Account Number

Address:

Federal Identification Number
 -

Social Security Number
 - -

- ♦ If your business terminated, had a change of address, or a change of entity, use the Change Form.
- ♦ Failure to file a return by the due date could result in the imposition of fines and legal costs.

1. Total Gross Receipts - All Sales Receipts (1/1/2002 - 12/31/2002).....1.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
2. Total Exclusions (Sales Receipts not subject to Liquor Sales Tax)							
a. Food.....2a.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
b. Other.....2b.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
c. Total Exclusions (2a plus 2b).....2c.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
3. Taxable Liquor Sales Receipts (Line 1 minus Line 2C).....3.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
4. Total Tax Due (Line 3 X 10%).....4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
5. Tax previously paid for 2002.....5.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
6. If Line 4 is greater than Line 5, enter TAX DUE.....6.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
7. If Line 5 is greater than Line 4, enter TAX OVERPAID.....7.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0

Under penalties of perjury, as set forth in 18 Pa. C.S. §§ 4902-4903 as amended, I, a person required under § 19-1507 of the Philadelphia Code to collect, truthfully Account for, and pay over any tax due under this return, swear that I have reviewed this return and accompanying statements and schedules, and to the best of my knowledge and belief, they are true and complete.

Taxpayer Signature _____ Date _____ Phone # _____

Preparer Signature _____ Date _____ Phone # _____

**MAIL TO: PHILADELPHIA REVENUE DEPARTMENT
P.O. BOX 1670
PHILADELPHIA, PA 19105-1670**

QUESTIONS: 215-686-6600 E-mail: revenue@phila.gov