

**City of Philadelphia  
2004 Annual Reconciliation  
of Liquor Tax**

MAKE NO MARKS IN THIS AREA

**2 8 0 4**

**Due Date: February 28, 2005**

Print name: \_\_\_\_\_

**City Account Number**

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Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Federal Identification Number**

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**Social Security Number**

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- ◆ **If your business terminated, changed address, or changed entity type, use the Change Form.**
- ◆ **Failure to file this return by the due date could result in the imposition of fines and legal costs.**

1. Total Gross Receipts - All Sales Receipts (1/1/2004 - 12/31/2004).....1.			,			,			.	<b>0 0</b>
2. Total Exclusions (Sales Receipts not subject to Liquor Sales Tax)			,			,			.	<b>0 0</b>
a. Food.....2a.			,			,			.	<b>0 0</b>
b. Other.....2b.			,			,			.	<b>0 0</b>
c. Total Exclusions (2a plus 2b).....2c.			,			,			.	<b>0 0</b>
3. Taxable Liquor Sales Receipts (Line 1 minus Line 2C).....3.			,			,			.	<b>0 0</b>
4. Total Tax Due (Line 3 X 10%).....4.			,			,			.	<b>0 0</b>
5. Tax previously paid for 2004.....5.			,			,			.	<b>0 0</b>
6. If Line 4 is greater than Line 5, enter TAX DUE.....6.			,			,			.	<b>0 0</b>
7. If Line 5 is greater than Line 4, enter TAX OVERPAID.....7.			,			,			.	<b>0 0</b>

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**