City of Philadelphia
2005 Annual Reconciliation of Liquor Tax

MAKE NO MARKS IN THIS AREA

2 8 0 5

Due Date: February 28, 2006

CITY ACCOUNT NUMBER

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

Taxpayer Name and Address

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 (1/1/2005 - 12/31/2005).....1. , , . 0 0
2. Total Exclusions (Sales Receipts not subject to Liquor Sales Tax)
   a) Food.....2a. , , . 0 0
   b) Other.....2b. , , . 0 0
   c) Total Exclusions (Line 2a plus Line 2b).....2c. , , . 0 0
3. Taxable Liquor Sales Receipts (Line 1 minus Line 2c).....3. , , . 0 0
4. **TOTAL TAX DUE** (Line 3 times 10%).....4. , , . 0 0
5. Tax previously paid for 2005.....5. , , . 0 0
6. **ADDITIONAL TAX DUE** If Line 4 is greater than Line 5, enter here.....6. , , . 0 0
7. **TAX OVERPAID** If Line 5 is greater than Line 4, enter here.....7. , , . 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