

**City of Philadelphia
Annual Reconciliation of
Liquor Tax 2000**

MAKE NO MARKS IN THIS AREA
2 8 0 0

Due Date: February 28, 2001

City Account Number

Federal Identification Number

-

Social Security Number

- -

1. Total Gross Receipts - All Sales Receipts (1/1/00 - 12/31/00).....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 2000.....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