

**City of Philadelphia Department of Revenue  
2004 Annual Reconciliation of  
Liquor Tax  
Design Specifications**

The page is measured 85 characters across (X), 66 characters down (Y).

All variable data shall be in 12 point Courier font.

All money fields should be numeric only, right justified and rounded to the nearest dollar. If the field is zero, enter "0" or leave blank. Money fields will not contain punctuation. Brackets, the minus sign or the work "loss" must not be used. Date should use the "mm-dd-yyyy" format.

Each page has a registration mark in each of the four corners. The boxes measure 3/16 of an inch square.

**2004 Annual Reconciliation of Liquor Tax**

The Form ID Number is 2804

Field	# of chars.	X/Y Position
• Top Left Reg. Mark		6/4
• Top Right Reg. Mark		79/4
• Bottom Left Reg. Mark		6/60
• Bottom Right Reg. Mark		79/60
• Form ID Number	4	41/5 to 44/5
• Name & Address Line 1	35	8/10 to 42/10
• Name & Address Line 2	35	8/11 to 42/11
• Name & Address Line 3	35	8/12 to 42/12
• Name & Address Line 4	35	8/13 to 42/13
• City Account Number	7	63/7 to 69/7
• Federal Identification Number	9	61/10 to 69/10
• Social Security Number	9	61/13 to 69/13
• Line 1	8	63/23 to 70/23
• Line 2a	8	63/27 to 70/27
• Line 2b	8	63/29 to 70/29
• Line 2c	8	63/31 to 70/31
• Line 3	8	63/34 to 70/34
• Line 4	8	63/37 to 70/37
• Line 5	8	63/40 to 70/40
• Line 6	8	63/43 to 70/43
• Line 7	8	63/46 to 70/46

CITY OF PHILADELPHIA  
2004 ANNUAL RECONCILIATION  
OF LIQUOR TAX

MAKE NO MARKS IN THIS AREA  
2804

DUE DATE: FEBRUARY 28, 2005

CITY ACCOUNT NUMBER

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

TAXPAYER NAME & 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 (1/1/2004 - 12/31/2004).....1.	.00
2. Total Exclusions (Sales Receipts not subject to Liquor Sales Tax)	
a. Food.....2a.	.00
b. Other.....2b.	.00
c. Total Exclusions (2a plus 2b).....2c.	.00
3. Taxable Liquor Sales Receipts (Line 1 minus Line 2C).....3.	.00
4. Total Tax Due (Line 3 X 10%).....4.	.00
5. Tax previously paid for 2004.....5.	.00
6. If Line 4 is greater than Line 5, enter TAX DUE.....6.	.00
7. If Line 5 is greater than Line 4, enter TAX OVERPAID.....7.	.00

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 completed return to: Philadelphia Revenue Department, P.O. Box 1670, Philadelphia, PA 19105-1670

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

LIQUOR NACTP 9/21/2004

**CITY OF PHILADELPHIA  
2004 ANNUAL RECONCILIATION  
OF LIQUOR TAX**

MAKE NO MARKS IN THIS AREA  
2804

**DUE DATE: FEBRUARY 28, 2005**

CITY ACCOUNT NUMBER  
7171717

FEDERAL IDENTIFICATION NUMBER  
99999999

SOCIAL SECURITY NUMBER  
88888888

TAXPAYER NAME & ADDRESS

Name and address.....Line 1  
Name and address.....Line 2  
Name and address.....Line 3  
Name and address.....Line 4

- ♦ **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.	11111111	<b>.00</b>
2. Total Exclusions (Sales Receipts not subject to Liquor Sales Tax)		
a. Food.....2a.	22222221	<b>.00</b>
b. Other.....2b.	22222222	<b>.00</b>
c. Total Exclusions (2a plus 2b).....2c.	22222223	<b>.00</b>
3. Taxable Liquor Sales Receipts (Line 1 minus Line 2C).....3.	33333333	<b>.00</b>
4. Total Tax Due (Line 3 X 10%).....4.	44444444	<b>.00</b>
5. Tax previously paid for 2004.....5.	55555555	<b>.00</b>
6. If Line 4 is greater than Line 5, enter TAX DUE.....6.	66666666	<b>.00</b>
7. If Line 5 is greater than Line 4, enter TAX OVERPAID.....7.	77777777	<b>.00</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 # \_\_\_\_\_

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LIQUOR NACTP 9/21/2004