

CITY OF PHILADELPHIA
**ANNUAL RECONCILIATION OF
 2012 LIQUOR TAX**
 DUE DATE: FEBRUARY 28, 2013



City Account Number

Federal Identification Number
 -

Social Security Number
 - -

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 (1/1/2012 - 12/31/2012).....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 (Line 2a plus Line 2b).....2c.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
<u>If you claim exclusions on Line 2c, you must have an entry on Line 2a and/or Line 2b.</u>								
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 times 10%).....4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
5. Tax previously paid for 2012.....5.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
6. ADDITIONAL TAX DUE If Line 4 is greater than Line 5, enter here.....6.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
7. TAX OVERPAID If Line 5 is greater than Line 4, enter here.....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
www.phila.gov/revenue**