**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 (1/1/2015 - 12/31/2015)...........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
   \*If you claim exclusions on Line 2c, you must have an entry on Line 2a and/or Line 2b.
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 2015....................................................................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

www.phila.gov/revenue