

**City of Harrison
PRIVATE CLUB
ON PREMISES CONSUMPTION
Supplemental Beverage Tax**

Supplemental beverage taxes are due (postmarked) by the 20th of the month following the reporting month.

For the Month of _____ 20_____

Establishment Name _____

Address _____

Prepared by: _____ Phone: _____

Line 1. Gross Receipts from all Alcoholic Beverage Sales \$ _____

Line 2. Harrison Supplemental Beverage Tax Due (5% of Line 1) \$ _____

Line 3 Penalty Due for Late Payment (12.5% of Line 2) \$ _____

Line 4 Total Remittance \$ _____

Make check payable to City of Harrison and mail with report to:

City of Harrison
Attn: Accounting Division
P.O. Box 1715
Harrison, AR 72602

I declare under penalty of perjury, that this return has been examined by me, and to the best of my knowledge and belief is a true, correct and complete return.

Date

Signature of Owner, Partner or Corporate Officer

Social Security #

OVERPAYMENTS OF \$5.00 OR LESS WILL NOT BE REFUNDED