



This Report Must Be Received / Postmarked On or Before the 20th day of Month
SUPPLEMENTAL BEVERAGE TAX MONTHLY REPORT
ON-PREMISES CONSUMPTION – HOTEL, MOTEL OR RESTAURANT
Required by Benton Ordinance Number 3 of 2015

RETURN THIS COPY ONLY FOR PROPER CREDIT

For the Month _____
Or For Months of _____
Business Phone # _____
Business EIN _____
Owner's Name _____
E-Mail address _____
Owner's Home Address _____
Business Address _____

NOTICE
Make Check Payable to:
City of Benton

Mail To:
City of Benton
P. O. Box 607
Benton, AR 72018-0607

1. Gross Receipts From Alcoholic Beverage Sales (Mixed Drinks Only) \$ _____
(Total of cash receipts and credit sales)

ATTACH REMITTANCE HERE

NOTICE

Total Taxable Receipts Shown
On this Report Must Agree
With Total Amount Reported
To State Revenue Commissioner

Amount Reported to State Revenue
Commissioner \$ _____

Attach Remittance
(Check, Draft or Money Order)
Secure Before Mailing
DO NOT MAIL CASH OR STAMPS

2. Tax Due (Line 1 x 10%) \$ _____

3. Penalty After the 20th (12.5% of Line 2) \$ _____

4. Total Remittance \$ _____

NOTE: REMITTANCE MUST BE BY SEPARATE CHECK

"I hereby state, avow and affirm that the statements contained herein are full, true, and correct, as required by the provisions of Ordinance 3 of 2015."

Date this report prepared _____

(Name of Business)

Must be signed by owner, officer or authorized agent

OFFICE USE ONLY

Acct. # _____
Receipt # _____
Date Rec. _____